

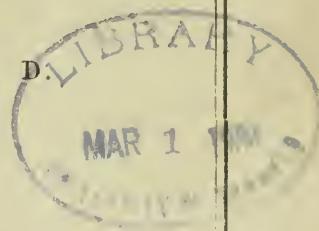
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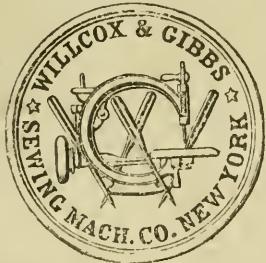
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CONTENTS.

ORIGINAL COMMUNICATIONS.

Dislocation of the Foot outwards with Fracture of the Fibula. By W. HUTSON FORD, M. D.....	337
A Singular Case of Urinary Fistula. By S. S. TODD, M. D.....	352
A Few Words about Salicylic Acid. By R. GUNTHER, Dentist.....	354
Six Cases of Nasal Catarrh. By WM. PORTER, M. D.....	356

Correspondence.....	360
---------------------	-----

PROCEEDINGS.

Kansas City District Medical Society.....	363
American Medical Association.....	367

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Micro-Photographs in Histology. By CARL SEILER, M. D.....	384
On Certain Forms of Morbid Nervous Sensibility. By J. S. JEWELL, M. D.....	385
A Treatise on Surgery. By T. HOLMES, M. A., etc.....	385

Books and Pamphlets Received.....	388
-----------------------------------	-----

EXTRACTS FROM CURRENT MEDICAL LITERATURE.

On the Employment of Cold.....	389
Enlarged Tonsils.....	390

Editorial.....	390
----------------	-----

STATISTICAL.

Mortality Report for June.....	392
Thermometric for June.....	392

THE publication of proceedings of the American Medical Association delays the appearance of several reviews, to our next issue.

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THE SAINT LOUIS
Medical and Surgical Journal.
JULY, 1876.

Original Communications.

*DISLOCATION OF THE FOOT OUTWARDS WITH
FRACTURE OF THE FIBULA.*

By W. HUTSON FORD, M. D.

This grave injury to the lower extremity, first studied and described by Pott, the most frequent of the dislocations at the ankle joint, has been variously denominated by surgical writers. The older authorities, including Boyer and Dupuytren, inasmuch as the astragalus and foot were displaced in an outward direction, designated it in accordance with the position of the astragalus.

Desault derived his terminology from the aspect of the sole; and Sir Astley Cooper, regarding the displacement of the tibia principally, in a new and by no means happy choice of terms, described dislocations at the ankle, as dislocations of the *tibia*. What had been a dislocation of the foot inwards or forwards, thus became one of the *tibia* outwards or backwards. Cooper has been followed in this by many English and French writers, including Malgaigne. As these injuries are quite as often pro-

dueed by violence applied to the leg, as to the foot, no special appropriateness is apparent in such a technical definition.

As a consequence of this varied nomenclature, it is sometimes very difficult to recognize the injuries spoken of; similar cases being described in directly opposite language, both by systematic writers, not excepting Dupuytren and Astley Cooper themselves, and by contributors to current literature. The modern school of English and American surgery has seen fit, however, to recur to the older mode of designation, in which the naturally mobile *foot* is looked upon as displaced upon the *tibia*. Dislocations at the ankle joint may be regarded, from this point of view, as abnormal movements in flexion, extension, abduction, adduction, or rotation.

The dislocation under consideration, commonly known as Pott's fracture, and of distinct pathogical unity, may thus be considered as a *præternatural* abduction of the foot combined with more or less rotation outwards, and its current title of "dislocation of the foot outwards with fracture of the fibula," is abundantly justified as its most natural definition.

This dislocation may be produced by any force competent to rupture the inner bonds of the joint, whether applied to the foot from within outwardly, or to the lower part of the leg, in a reverse direction. It is usually produced by falls from a height upon one foot, when a rapid forward motion of the body is super-added to that of descent, as in leaping from vehicles or railway carriages in motion. It has been known to occur in many other ways, in a simple fall, in a false-step, or in the act of running when the foot is caught and violently abducted and the ball of the great toe deflected outwards (*Hamilton*); by the foot being caught between two paving-stones, the body being forcibly thrown outwards (*Malgaigne*); by the impact of a heavy substance, like a beam of timber, a cask of beer, or a dismounted gun: it may even occur in a vertical fall, if the outer edge of the foot strike upon a resisting substance, while the individual falls upon his knees.

The key to this dislocation is undeniably the *fracture of the fibula*, during the *twist*, superadded to the outward deflection, so

generally insisted upon by writers, more especially of late by Hamilton. It is this which permits the subsequent rupture of the deltoid ligament, or the parting of the inner malleolar extremity of the tibia under the continued action of the primary force or of a subsequent similar one, inasmuch as the powerful retentive support of the fibula is lost. As soon as this happens, the astragalus is tilted outwards and the internal lateral ligament yields to the violent strain; or still further, by the superaddition of other forces, the inner malleolus may give way near its tip or higher up. The main supports of the joint being now destroyed the astragalus tilts outwards, the inner surface of the foot is directed downwards, the sole outwards, the external edge even upwards. It must be recollected that the articular contact of the astragalus with the fibula is far more extensive, especially in a vertical direction, than with the malleolar projection of the tibia—the fibular tip being considerably lower down, and on a plane more posterior than the internal malleolus. The facility with which the fibula is broken depends upon these anatomical peculiarities and the relative weakness of the fibula, as compared with the tibia. A line directed from the summit of the tibio-fibular arch to the plane of the sole of the foot, will be found to be about four inches in length, while the width of the articular surface of the astragalus is about an inch and a quarter. It is the *leverage of this line* which appears to be the prime cause of fracture of the fibula. When a force acts in such a way as to carry the sole of the foot forcibly outwards, the leg being fixed, or conversely, this line represents a lever of the second order, where the *power* is applied to the sole of the foot, the *fulcrum* being represented by the parts of the astragalus in contact with the inner malleolus, viz.: the upper and inner edge of its trochlear surface, and the *weight* by the *resistance of the fibula*, through its transverse strength, and the *tenacity* of the inferior tibio-fibular ligaments. Any force acting upon the sole of the foot in the way described, is thus nearly *tripled* by the lever-like action of the foot described, in its pressure against the fibula; hence the remarkable facility with which that bone usually

breaks,—the tibio-fibular ligaments previously yielding, as the fracture almost invariably occurs above their insertion.

According to this view of the mechanism of Pott's fracture, its essential incidents in order of succession and of importance may be stated as follows, viz. : 1st, Abduction with outward rotation of the foot. 2nd, Laceration of the tibio-fibular ligaments and fracture of the fibula. 3rd, Rupture of the internal lateral ligaments, or fracture of the inner malleolus or lower end of the tibia. 4th, Laceration of the anterior (*tibio-astragalean*) ligament. Neither fibular fracture nor separation of the inner malleolus from the tibia are to be regarded as *complications* of this dislocation; both lesions are essentially parts of its mechanism; the latter, however, not so strictly as fracture of the fibula, as it only supplements the rupture of the deltoid. The inner malleolus may be regarded as the bony portion of the bond extending internally between the tibia and the foot; it is also a flange-like projection by which the ginglymoid movements of the astragalus are duly restricted.

Dislocation outwards may perhaps occur without fracture of the fibula (*Petit, Boyer, Thierry, Laugier, Bryant*). Malgaigne casts doubt upon the possibility of this by suggesting that when the fibula is broken at an unusual height, ordinary signs of fracture may not be appreciable. Cases seem nevertheless to have occurred in which luxation of the head of the fibula took place instead of its fracture. Practically, the fibula may be said to be invariably broken, fracture occurring with singular uniformity between two and three inches above its malleolar tip, at a point which is the weakest and most exposed part of the bone. Fracture may, however, occur at a higher point,—as high even as the junction of the middle and superior thirds (*Malgaigne*), especially when the force carrying the point of the foot outwards, is unusually violent.—(*Luxation by rotation of the foot, of Huguer.*)

Fracture of the inner malleolus is also very common. It would seem at first sight, that in consequence of antecedent fibular fracture and inter-malleolar widening, the internal malleolus should escape. This is to be anticipated, no doubt, *in so far*

as angulation of the astragalus with the foot can be regarded as a cause of fracture of the malleolus from within outwards. Such, however, seems but *very seldom* to be the mechanism of this accident, though its possibility is by no means to be denied. When the deltoid parts,—in the absence of force directly tending to produce its fracture, the inner malleolus escapes, although more or less of its tip may be torn off, with the ligament attached to its tip and borders. But, if, when eversion is nearly complete, the ligament being in full tension, and the fibula already broken, *additional* force should become operative transversely to the longitudinal axis of the tibia and malleolus, its fracture, or even that of the tibia at varying heights, and in lines mostly directed obliquely into the joint, readily results. The direct traction exerted through the deltoid, is further reinforced by the tension of the flexor longus digitorum and tibialis posticus when the toes are violently abducted; and if the tibia is now propelled by the motion of the body, against the ground or the resisting surface of the boot or shoe, the bone breaks from without inwards. The line of fracture is usually oblique, and as the parts become widely separated by the complete eversion of the foot, the sharp edge of the tibia often wounds surrounding structures, or perforates the integument. I must, therefore, hold to the opinion that in nearly all cases, it is only through the agency of secondary force that fracture of the inner malleolus or lower portion of the tibia occurs, and not merely by tensile violence propagated through the unbroken fibres of the deltoid. In the complete form of the dislocation, the tibio-astragalean or anterior ligament of the joint and synovial membrane are lacerated, and the cavity of the joint thrown into communication with the areolar passages of the vicinity.

The signs of this dislocation are sharp pain at the moment of its occurrence, displacement of the foot outwards, inability to stand or walk, and rapid swelling about the ankle, especially on its inner aspect. The surgeon recognizes eversion of the foot, with dropping of the toes outwards, and a disposition towards extension, in consequence of the action of the muscles of the calf. A vacuity between the inner malleolus and the body of the astrag-

alus is readily perceived even when the deltoid alone is severed ; if the inner malleolus is broken off, a wide and very distinct interval exists between the fragments. *Angulation* of the line of the fibula, some two and a half or three inches above the inferior tip of that bone, is also characteristic. This is the seat of fracture. Dupuytren designated the well-defined depression, so much like the wound of an axe, as the "*coup de hâche.*" At this point, pressure determines pain. The ankle joint is widened, even after reduction, and *before much swelling has occurred*, as the structures are now no longer bound together, save by the elastic pressure of the integuments and aponeurotic structures. The foot is freely movable in all directions except flexion, and may be rotated or *slidden laterally* under the end of the tibia with abnormal freedom ; soon after the accident, it may even be greatly *inverted*, as by the fibular fracture there is nothing to prevent such passive movement. Later, however, mobility inwards wholly disappears under the action of the sural and peroneal muscles.

While the dislocation remains unreduced, the sole looks outwards, the outer edge of the foot upwards and the inner side more or less downwards. If the patient attempt to walk, the foot is caused to assume an exaggerated position of "*Valgus*,"—the outer side of the astragalus is then in contact with the articular surface of the tibia. The inner malleolus or end of the broken tibia projects strongly under the skin, or traverses it more or less extensively if the accident be complicated in this way. Before reduction, crepitation may be perceived with or without the stethoscope at the point of fracture of the fibula, or may be appreciated by the manœuvre recommended long since by Maisonneuve, which consists in extending the ball of the terminal phalanx of the thumb linearly over the suspected point of fracture, while the other hand induces motion of the foot. Crepitation can be recognized on the inner aspect of the limb only after reduction, and before swelling occurs, which is earliest and most pronounced in the neighborhood of the inner malleolus.

General swelling, however, rapidly supervenes, so that within comparatively a short period, a correct diagnosis becomes diffi-

cult, especially when there is no previous history. Hence the urgent propriety of accurate examination while the parts admit of it, as the only basis for successful treatment.

Pott's fracture may be complicated with fracture of the astragalus. Malgaigne notes a case with comminution of the astragalus and calcaneum. The tibia may be also extensively fissured, fractured, or even comminuted just above the joint.

Dislocations at the ankle joint, generally, are seldom complicated with laceration of vessels. The internal saphena is sometimes wounded. In a case of this kind, large subcutaneous extravasation occurred, which was rapidly absorbed. According to Astley Cooper the *anterior* tibial artery is more frequently injured than the *posterior*. In Sandfort's case, the anterior tibial was lacerated and required ligation. Colson relates a case in which the bleeding proceeded, in all probability, from that artery, but ceased of itself. I cannot but think, however, that the posterior tibial artery or some of its branches, supplying the inner side of the foot, must be occasionally lacerated. At least its *venæ comites*, like the internal saphena, must be very often injured, either by direct avulsion, or secondarily, by angles of bone. Secondary injury to these vessels is caused either during the accident, or by subsequent attempts of the patient to stand or walk, unconscious of the grave injury he has sustained; or may be produced by unskilful attempts at reduction, or by movements of the parts during the transportation of the patient to his residence, when previous fixation of the foot by temporary appliances has been neglected.

I can also say that I have seen distinct indications of injury to the posterior tibial nerve, or at least, of its branch supplying the plantar integument; this was indicated by formication and severe itching with partial anaesthesia of the inner part of the sole and heel.

Extensive ecchymosis may occur from injuries to veins, without notably augmenting the gravity of the injury. When the skin is pierced, though bleeding may be severe, the haemorrhage *usually stops of itself*.

The most important, and indeed, most frequent complications

of dislocations of the ankle-joint, and of their special form under consideration, are lacerations of the soft parts. These injuries are nearly always produced by the bones of the *leg* : with great rarity by the *astragulus*, in efforts of station or progression, or directly by the movement or impact causative of the dislocation. The external wound is sometimes merely a notch or limited cut, or it may be far more extensive, the tibia protruding an inch or two, so as to penetrate the earth. *Both* the tibia and fibula may be thus protruded.

In the differential diagnosis of Pott's fracture, we are to bear in mind the essential features of the injury, already noted, viz : fracture of the fibula, widening of the inter-malleolar space, and praeternatural mobility in *abduction*, or perhaps more exactly, in abduction and extension combined, in the line of action of the tendon of the *peroneus longus*.

Dislocation of the foot *forwards*, an exceedingly rare injury, can scarcely be confounded with Pott's fracture. Here the tibia comes in contact with the *tendo Achillis* ; the malleoli touch the heel, and the trochlear surface of the *astragulus* is felt under the skin. A. Bérard, indeed (*Dictionnaire de Médecine*, vol. 24, p. 810, 1841), states that this form of injury has *never* been observed ; Malgaigne, however, under the title of "Luxation du tibia en arrière," mentions quite a number of cases. In all, *fracture of the fibula was absent*, but the tibia did not always escape. Nélaton, Smith and Colles have recorded cases of fracture of its malleolar extremity. Reduction is difficult or impossible ; the foot is *fixed*, without deviation or mobility outwards.

In dislocation *backwards*, usually incomplete, marked eversion of the point of the foot, coincident with adduction of the heel has been observed ; sometimes there is slight adduction of the toes. In nearly all cases, *the fibula is broken* and drawn backwards by its attachments to the *astragulus*. The foot is fixed and the calcaneum and *tendo Achillis* unduly prominent. When luxation is complete, the tibia has been known to pass far forwards—nearly to the middle of the dorsum of the foot. In two cases (*Smith*) there was no fibular fracture. Separation of more or less of the *inner malleole* has been frequently noted. The

shortening of the distance from the toes to the end of the tibia, widening of the calcaneo-malleolar fossæ, fixation and exaggerated extension of the foot—complications of fracture being neglected in this consideration, will suffice for diagnostic definition against cases of Pott's fracture where the parts have been reduced and swelling has supervened, a previous history being wanting.

Luxation of the foot inwards is also very rare. According to Malaigne it seems to have occurred in women and young subjects with disproportionate frequency. Dupuytren regarded the fracture of both malleoli as constant; Astley Cooper insists on the fracture of the inner malleole only. It may be complicated like other tibio-tarsal dislocations, with fracture of the astragalus and calcaneum, the fibula remaining intact. In this fracture, of graver prognosis still, than that constituting the subject of our remarks, inasmuch as greater violence is requisite to produce it, contusion is more pronounced, and complications more frequent. The differential diagnosis may sometimes be very difficult. The characteristic signs of Pott's fracture may be present in varying degrees. As, however, the tibia suffers most in typical cases, mobility *inwards* will be more conspicuous than in dislocation outwards, while mobility *outwards* will be less marked, owing to the integrity of the tibio-fibular ligaments. In certain cases, the foot may not be deviated, or it may, even, be widely everted by displacement subsequent to the injury. If seen before reduction, the position of the foot, and direction of the force, will aid in determining the diagnosis.

In luxation *outwards and backwards*, the fibula is likewise broken at a point varying from two to six inches above the malleolus. The internal malleolus is often broken also, less frequently, however, than the outer. In some cases both malleoli are fractured. Reduction is sometimes *impossible*; Dupuytren failed in two cases. Immobility of the foot in forced extension and exaggerated abduction, coincident with widening of the calcaneo-malleolar fossa on the inner side, projection of the end of the tibia on the internal side of the foot whose plantar surface looks almost directly *backwards*, are signs quite sufficient

to distinguish this dislocation, if reduction has not been effected ; the difficulty of effecting this will also enlighten the diagnosis.

Dislocation of the foot *upwards* between the bones with or without their fracture, so called "*diastasis*" of the bones of the leg, can hardly mislead. Shortening of the leg, absence of crepitation on the one hand, and the marked eversion and mobility characteristic of dislocation outwards on the other, are adequate differential signs.

Dislocations of the *astragalus* usually take place forwards or backwards, but lateral displacements of this bone are not unknown. These dislocations are very commonly complicated with fracture of one or the other of the malleoli, but not always.—(*Bryant.*) Many cases are merely sub-luxations. In dislocation *inwards*, like most injuries at the ankle joint, often associated with fracture of the *fibula*, the foot is forcibly thrown outwards, but the aspect of its *plantar surface* remains unchanged, although the *inter-malleolar distance* is increased. Reduction is excessively difficult, *flexion and extension are practieable*. In luxation of the *astragalus outwards*, the prominence of the head of the bone, above and outside of the cuboid, the inclination of the point of the foot *inwards*, elevation of the inner edge of the foot, and inward aspect of the sole, together with loss of mobility in *abduction*, are characteristic signs. These remarks also apply to sub-luxation outwards with fracture of the *fibula*.

In supra-malleolar fractures of the leg bones, or epiphysial separation, the foot may assume various positions with regard to the line of the tibia. Should swelling have supervened, the diagnosis against Pott's fracture will not be easy. (*Malgaigne.*) The absence of *inter-malleolar widening*, the common mobility of *both malleoli* with the foot, and the *praeternatural mobility* of the member *inwards*, with the presence of crepitus above the joint, will aid the surgeon in his difficult task. When the fracture of the tibia is oblique, the fibula being also broken, the limb will be shortened. Separation at the lower epiphysis of the tibia, though a rare accident, has been observed ; the signs will be similar to those just noted, occurring of course in youthful

subjects. Reduction will be easier, and more readily maintained; crepitation will not be so easily elicited nor so distinct.

The prognosis of Pott's fracture is always doubtful or grave, even when the injury is uncomplicated. Boyer remarks that the prognosis is graver when there is no fracture (*diastasis*), for in such cases the whole violence of the forces causing dislocation is expended in laceration of the ligaments and soft parts. A high degree of violence is necessarily presupposed, adequate to effect very serious internal solutions of the bonds of the joint. High inflammation and destructive suppuration may follow; even if those accidents fail to occur, more or less complete ankylosis may result. In many cases it is almost impossible to retain the bones *in situ*, and the newly united and weak ligaments fail to support the joint or to antagonize muscular action during a long period subsequent to the injury. While, as Malgaigne observes, certain of these dislocations remain reduced without difficulty whatsoever, others evince a most obstinate disposition towards recurrence. No special form of apparatus is uniformly effective in the treatment. The small size and short leverage of the broken bones, as well as the difficulty of exact diagnosis due to the rapid swelling and inflammation, invalidate the propriety of the treatment, and consequently aggravate the prognosis. No amount of skill or patience, "says Erichsen," that can be brought to bear on the treatment of the injury, will in certain cases prevent ultimate displacement, or a weak and painful joint whose mobility is seriously impaired." If, as Hamilton observes, the duties of the surgeon are especially arduous and peculiarly thankless in treatment of fractures generally, they will undoubtedly prove so to an eminent degree in many cases of this kind. Complications with comminution of the astragalus or other bones of the tarsus, or of the tibia, or wide laceration of the integument, still further aggravate the prognosis, as such cases frequently demand amputation or resection, and even where the limb is saved the treatment is protracted and the joint necessarily lost. In other cases of this sort, attempts at conservative surgery ultimately result in profound systemic perversion and loss of life by secondary disease.

A careful diagnosis should be established as soon as practicable after the accident; if necessary the patient should be etherized; as in fractures about the wrist, an error can hardly be followed by a favorable result.

Sometimes the parts naturally fall into position by the pressure of the boot, reduction being quasi-spontaneous immediately after the injury; it is not usually difficult, if the knee be sufficiently flexed. Astley Cooper advises that the knee be flexed at a right angle so as to relax the muscles of the calf, and while the thigh is fixed, that the foot be drawn into a straight line with the leg, the tibia being pressed outwards, and the foot inwards, at the same time. After reduction, no kind of bandage should be applied to any part of the limb, especially beneath the splints; such a practice has often resulted in sloughing, or gangrene of the foot. The extremity should be at once secured in a permanent apparatus which admits of modifications of the pressure required to secure maintenance. The ancients, and some moderns, including Petit and Boyer, treated this fracture in the extended position. Pott and his followers, and Dupuytren likewise, strongly flexed the knee and laid the limb on its outer side. Huguier used a single external splint. Dupuytren's splint extending below the foot with padding above the inner malleole is familiar to all. Certain objections appear to attach to all splints bound to the leg and foot, whether single, like those alluded to, or double like those used by Ledran. Any pressure effected by bandages cast around the splints and limb, is apt to impede or interrupt the circulation or exert injurious force against the numerous bony prominences. All such appliances, moreover, are easily displaced, and favor recurrence of the dislocation.

The simple details of treatment advocated by Hamilton and Holmes will be found adequate only in a limited number of cases; both writers admit, however, that more effective methods are not infrequently required. Muscular action constantly tends to reproduce the displacement; in this respect the agency of the sural muscles has been duly appreciated by writers, while that of the peronei seems to have been wholly overlooked, as far as the treatment is concerned. Gray distinctly ascribes the extreme

eversion of the foot to the activity of the peroneus longus, whose office it is to abduct, extend and evert the foot. The peroneus brevis extends the foot, combining in its action with the gastrocnemii and soleus : and the peroneus tertius abducts the foot while in flexion. As the two first muscles arise from the upper and middle portions of the fibula, their normal activity is in no way impaired by fracture of that bone at the usual place ; and as the bone is commonly broken in the midst of the muscular attachments of the peroneus tertius, this muscle will be liable to irritation throughout the processes of repair. I cannot refrain from imputing the greater part of the difficulty, admittedly experienced by writers and fully borne out by own experience, in securing the desired position of the foot and ankle joint during the treatment, to the hostile activity of *all these muscles*, excited by the general hyperæmia of the parts, or by direct or indirect irritation. The indications, therefore, to be fulfilled in the treatment, are mainly three, viz : 1st. To counteract normal or abnormal contractility of the sural and peroneal muscles. 2d. To remit pressure upon the wounded joint and bones by relaxing the tendo Achillis, bringing the foot as nearly as possible to a right angle with the direction of the leg. 3d. To elevate the joint above the level of the body.

To carry out these indications, Malgaigne's recommendation of the double-inclined plane, with a lateral splint on each side, is eminently appropriate, but as I have already observed, it certainly seems improper to bind these splints to the leg itself. Erichsen advises the use of a McIntyre's splint, like Malgaigne, failing to suggest that the lateral splints should be attached to the principal piece of the apparatus, and thus exert pressure through the wadding adjusted between them and the limb. I have preferred to carry out the fundamental principle involved in Dupuytren's splint, in conjunction with the McIntyre ; no bandage being cast around the limb directly, which is held in position between the splints, themselves firmly bound to the McIntyre, by appropriate padding ; a bandage secures the whole about the knee, and over the metatarso-phalangeal joints and foot piece. The thigh piece of the McIntyre splint is also firmly bound to the

thigh by bandages, the prop attached to the foot piece secured to a heavy and thick block of wood, elevated upon a smooth board placed across the foot of the bed. The patient is kept strictly recumbent.

Meynier, Bérard, Laugier and other French and German surgeons practised division of the extensor tendons in the vicinity of the ankle joint to facilitate reduction. In a discussion before the Medico-Chirurgical Society of London (1849) Campbell de Morgan related two cases of section of the tendo Achillis for irritability with spasmodic contraction of the sural muscles, recommending the frequent adoption of this procedure in fracture into or just above the ankle joint, when indicated by difficulty of retention. Butcher (*Ranking's Abstract for 1852*) cites these and other cases, but thinks that by early reduction and accurate coaptation, spasm may be prevented, and that tenotomy is not called for in the vast majority of cases, being perhaps only admissible when permanent spasm affects the *extensor* muscles, owing to a neglect of early reduction; he speaks only of section of the tendo Achillis. Bryant recommends tenotomy when the action of the gastrocnemii renders it difficult to keep the parts quiet. Neither Holmes nor Erichsen allude to the subject. There can be little doubt that proper flexion of the knee (90°) will so relax the muscles of the calf, that section of their tendon will be very seldom necessary. I can not but think, however, that in Pott's fracture, it is quite otherwise with the peronei. The inversion of the foot enjoined by Dupuytren and essential in all properly devised modes of treatment, is strongly resisted from the first by the muscles in question, whose abnormal activity under irritation undoubtedly constitutes the prime obstacle in the way of steady coaptation of the torn and broken structures of the inner side of the joint. Laying no particular stress, therefore, upon section of the tendo Achillis, which can be nearly always avoided by proper flexion at the knee, I have determined to make a tenotomy of the peronei in future before putting up the limb. Theoretical views as well as careful observation and experience lead me to this determination. As the points of puncture are far removed in almost

every ease from the wounded parts, danger is not to be anticipated, especially if the tendons are cut before inflammation sets in.

When union has begun, and callus has been thrown out around the points of fracture, or the ruptured deltoid has united, other appliances may be substituted advantageously for the McIntyre splint; the leg may be secured in starch or plaster. I have found that after three weeks, this can usually be done without danger of displacement, and with great relief to the patient; indeed, in some cases, circumstances may render it imperative. Care must be taken to apply the bandage securely, and to brace it well by dry pasteboard of considerable thickness, incorporated within its turns about the ankle in accordance with the theory of Dupuytren's splint, and when starch is used, to cause the whole apparatus to *dry in position* by replacing the limb for forty-eight hours upon the McIntyre splint. After this, the patient may move the leg at the hip-joint, and soon take to his crutches. In accordance with Boyer's rule, to which great importance should be attached in all fractures and dislocations complicated with fracture, the bandage must be carried as high as the superior third of the thigh; it must be strongly reinforced on the posterior aspect of the leg above and below the popliteal space, with stout pasteboard; the knee must be flexed at a considerable angle (112°); the foot set in a slipper to which a strip of inextensible bandage is fastened winding spirally on both sides around the leg, and attached to a belt around the waist: the ankle joint should be additionally redressed by a figure of eight of elastic bandage crossed over the inner malleolus and passing around the sole of the foot and the heel. The patient should not be allowed to abandon his crutches until three months at least have elapsed from the receipt of the injury, even in the most favorable cases. Besides these main features of treatment, passive motion of the joint must be systematically practised, and the cold douche used twice a day when the bandage is removed. A high topped shoe should be worn which adequately supports the foot, and great care enjoined in the use of the extremity, which will remain for several months especially liable to injury. Any

premature use of the foot is almost sure to be followed by permanent eversion with projection of the inner malleolar eminence.

1525 Olive St., St. Louis.

A SINGULAR CASE OF URINARY FISTULA.

By S. S. TODD, M. D.

On January 8, 1876, Mrs. F., of Pleasant Hill, Mo., married, but childless, called at my office accompanied by her physician, Dr. O'Connor, of that place. For three years she had suffered daily from diffuse pain or soreness, in the right iliac fossa and hip-joint of the same side, which was believed to be of rheumatic character.

About one year prior to this interview a livid spot, indurated at first and tender to the touch, made its appearance at a point in the gluteal region an inch and a half below the crest, and midway of a line drawn from the anterior superior to the posterior superior spinous process of the ilium. Some evidence of fluctuation afterwards being present, an incision was made from which escaped only a little bloody serum. A fistulous opening, however, soon became evident, and the fistulous tract was laid open to the bone by Dr. O'Connor, who was called in to see the case. After this the wound apparently healed, but soon re-opened with a sanguineous discharge which lasted for three or four days. This phenomenon continued to recur at each menstrual period up to the time when she came to me—nearly a year—sometimes only accompanying and supplementing, and at other times replacing wholly the menstrual flow. In the meantime, an ichorous discharge was kept up during the menstrual intervals, interrupted only by an occasional temporary closure of the outlet.

During the continuance of these symptoms, though the patient fell off in flesh from disturbed function of the stomach, liver,

bowels and kidneys, the general health was not so seriously impaired as to force confinement to the bed or the house. An occasional attack of malarial fever of intermittent form was another result of impaired secretory and excretory function.

On passing a probe into the fistule it was immediately arrested by the roughened surface of the diseased bone, the ilium. As she had suffered also at times from leucorrhœa, with lumbar and inguinal pains, the uterus was examined and found to be slightly enlarged and indurated, not tender on pressure, but bleeding at the touch of the exploring sound, while the cavity showed a depth of three inches. Neither the bladder nor the urine was examined. The patient was told that caries of the bone was the principal cause of her troubles, and that an operation for the removal of diseased bone was necessary.

One week after this examination I visited the patient at her home, and, in conjunction with Dr. O'Connor, assisted also by Drs. Shiveley and Abbot, the lady being under the influence of chloroform, laid bare the bone at the bottom of the fistulous tract. A beak-shaped nodule of bone, as large as the thumb, with its point directed downwards was removed, as well as some other bony tissue apparently diseased. No perforation of the bone was discovered, but in a few days thereafter an ammoniacal odor led to an ocular inspection, which revealed the fact that urine was escaping freely from the wound,—pressure over the bladder causing at once a gush of urine. Eleven days after the operation I could pass a small probe through an aperture in the bone, overlooked at the time of the operation, to a depth of more than three inches within the pelvic cavity. The probe thus introduced was susceptible of slight movement only, and seemed to traverse a fistulous canal its entire length without entering the bladder. A steel sound passed into the bladder at the same time gave motion to the probe though the points could not be made to touch. A Sim's sigmoid catheter was passed into the bladder and allowed to remain for a few days, and the fistulous canal was injected with tincture of iodine through a long slender tube, and repeated every fourth or fifth day. But little urine passed the opening after the first use of the iodine, and in six weeks the wound had

entirely closed. At the present time five months after the operation, the wound seems permanently healed, menstruation is normal, and the lady has almost recovered her accustomed health.

In looking over the prominent points of this case I confess my inability to account for the peculiarities presented. There is no evidence on careful inquiry, that the lady ever sustained any direct injury to the parts involved; that she ever suffered from an attack of peri-uterine cellulitis, or inflammation of any of the pelvic viscera. The monthly discharge of a fluid resembling the catamenia, through what was, probably, already a breach of continuity, can hardly be regarded in any other light than a natural mode of relief to the congested pelvic viscera, and compensatory of an ineffectual flow through a narrowed cervical canal; but in what manner the ilium was perforated, and how a channel of communication was established between the bladder and a point so remote, and as far above it, without concurrent evidence of the destructive tissue changes taking place, is to me inexplicable.

Kansas City.

A FEW WORDS ABOUT SALICYLIC ACID.

BY R. GUNTHER, Dentist.

Translated by DR. G. V. BLACK, Jacksonville, Ill. from the "Vierteljahrsschrift für Zahnheilkunde."

In some experiments in my laboratory to determine the solubility, and the best modes of application of the salicylic acid of the shops for medical purposes, I found there was always an undissolved residue, and was soon convinced that this was on account of an impurity of the article. For the purpose of purification I dissolved a large portion in hot absolute alcohol, and on filtering the reddish-brown liquid I found a greyish crystalline substance on the filter which I have not yet analyzed, but which is in any case an impurity.

In order that the re-crystallization might proceed more rapidly, half the liquid was evaporated, and, on cooling, the mass hardened in a light rose-colored crystalline cake. After drying this on blotting paper, the outer surface was of a reddish brown, but the inner parts were perfectly white. By repetition of this process the acid crystallized in needle-like crystals which were united in tufts, and when dry were perfectly white, with a brilliant silken appearance. I now undertook to sublime the acid. The fumes at first gave out a pleasant aromatic odor, but when the heat was increased, the smell was much like that of carbolic acid, and excited coughing. (It was found that strong heat decomposed it.) The sublimate gave colorless crystals which *en masse* appeared as white brilliant silken needles, a part of which adhered to the glass globe, but mostly fell to the bottom. I now sought some test by which I could ascertain definitely as to whether this sublimate was salicylic acid or the result of a decomposition, and found an excellent reagent for this purpose in sesquichloride of iron—the reaction, in the presence of the least portion of salicylic acid, showing a beautiful violet color. This test showed the sublimate to be salicylic acid.

The coloring of the article sold in the shops is on account of impurities, or is evidence of impurity, as is also the sediment remaining after solution in alcohol or ether.

The solubility of the double recrystallized salicylic acid gives better results than that from the shops. The results are as follows:

In absolute alcohol, common temp.,	33	per cent.
“ sulphuric ether,	“ “	46 “
“ distilled water,	“ “	02 “

Either of these dissolves a much larger amount when hot, which is thrown down again upon cooling. It seems to me that when the use of salicylic acid *en masse* is required, an aetherial solution will generally be found the best form of application. The ether evaporates quickly, leaving a layer of pure salicylic acid behind. If a fluid form is wanted an alcoholic solution may be used, or alcohol and water, in any required proportion.

SIX CASES OF NASAL CATARRH.

By WM. PORTER, M. D.

The report of the following cases is offered as an appendix to a paper entitled "Nasal Catarrh," (ST. LOUIS MEDICAL AND SURGICAL JOURNAL, November, 1875,) and is to illustrate the effects of the treatment therein indicated :

CASE I.—Mr. M., 32 years of age, tall, dark hair and eyes, and in fair health. He had not known any cases of phthisis, struma or syphilis among his ancestry. His catarrh had lasted for more than six years, the prominent symptoms being pain, fullness about the frontal regions, and a thick, yellow discharge from both nostrils. The pharynx was irritable, and there were symptoms of slight dyspepsia. In this case the catarrh diathesis was well marked. Locally, the mucous membrane over the middle turbinated bone was much distended, the mucous glands of the pharynx enlarged and the superficial veins throughout the nasal fossæ dilated and congested. He had had no previous medical advice.

June 28th, 1875. Phosphorus in pill was prescribed, and each day after a thorough cleansing with the douche, a weak solution of nitrate of silver was injected into the nasal cavity. In a week the general congestion of the mucous membrane had almost disappeared, and the discharge was less in quantity and thinner. A stronger solution of the nitrate of silver was then applied to the membrane over the turbinated bone and over the enlarged glands of the pharynx, followed in a few days by repeated inhalation of strong iodine vapor. Business called Mr. M. away, and being relieved, nothing more was heard of him for six months. He then wrote, "I have done nothing in the way of treatment for a long time. Except a slight cold I never was better."

CASE II.—Mr. H., 26 years old, medium height and of fair complexion. Had symptoms of catarrh for fifteen years, first

noticed after an attack of scarlet fever. There was no evidence of inherited disease, but some years ago contracted syphilis, from which he was still suffering. He had severe headache at times, and was much debilitated. The discharge from one side consisted of dry crusts, much like a honey-comb, and from the other, it was frequently bloody and always offensive. The septum was ulcerated through, and the mucous membrane generally had a dull greyish look and secreted freely. Four years before, he had been under treatment for a year, and in the spring of 1873 was at the Hot Springs in Arkansas for three months, but received no permanent benefit.

On the 3rd of November, 1875, he came under treatment. At first he was given quinine, phosphorus and strychnia as a tonic, soon followed by iodide of potassium and bichloride of mercury in full doses.

The crusts in the nasal fossæ were carefully washed away daily, and the mucous membrane painted over with a solution of iodine and iodide of potassium. The raw edges of the perforation in the septum were touched lightly every second or third day with solid nitrate of silver. After several weeks the iodine was applied less frequently. The mucous membrane healed over the ragged edge of the ulcerated bone, leaving a hole of some size between the nostrils, but causing no inconvenience. The discharge became less, the pain ceased, and in February he wrote that he believed he was cured, as all the symptoms of catarrh has disappeared, and he had quite regained his general health.

CASE III.—Mr. K., aged 28, medium height, light hair and eyes, slender and narrow-chested. Had catarrh for more than fifteen years. His mother's family was predisposed to phthisis, and he had evidence of struma. His own description of the catarrhal discharge is: "Thick, green crusts would come away, an inch or more in length, often making my nose bleed in blowing them out. There was a great deal of mucus, some of which for the last three years had been dropping into my throat and making it sore. Almost every day a crust would come away." His health was poor and he was quite low spirited.

On examination, ulcers were found in the mucous membrane over each lower turbinate bone, somewhat more extensive than on the right side, and there was thickening of the membrane at the vault of the pharynx, while lower down it was congested and irritable. This was undoubtedly a case of strumous catarrh of long standing.

He was first seen October 9th, 1875. Iodide of iron was ordered and the digestive functions carefully watched. The nasal fossæ were kept clean, the ulcers in the beginning touched with nitrate of silver and afterward with iodine. Iodine vapor was used unremittingly and to good purpose. The crusts soon ceased to form, though for some time the flow of mucus was unchecked. This too, disappeared as he grew stronger, and for five months he has considered himself well. In this case, the strongly marked diathesis and the extent of previous ulceration will necessitate great care to prevent return of the disease.

CASE IV.—Miss B., tall, dark hair and eyes, and of healthy antecedents. Her catarrh had existed for several years, and she had constantly a thick, yellow, tenacious, discharge, and at times pain about the frontal sinuses. Her general health was good. The mucous membrane of the septum and turbinate bones was red and swollen, and in some places it was indurated. She was first seen November, 13th, 1875. Hosford's acid phosphate was prescribed and the membrane touched with a solution of nitrate of silver, grs. lx ad fʒj. This application was repeated for several days in succession and then less frequently for two weeks. The indurated points were touched with solid caustic, and she did well. Was discharged cured December, 28th, 1875.

CASE V.—Mr. A., aged 54, of medium height, light complexion and slightly stooped. Had used stimulants and tobacco to excess for many years. He had suffered from naso-pharyngeal catarrh for twenty years, with fullness about the frontal sinuses most of the time, and pain; a constant tenacious secretion which accumulated in the pharynx gave him great trouble. There were no ulcers and but little induration, but the mucous membrane throughout was red, and relaxed about the pharynx. Obstinate constipation and indigestion gave him great discomfort.

September 6th, 1875, phosphorus and strychnia were prescribed, and each morning a wineglassful of Friedrichshall water. The uvula being elongated was amputated, and a solution of sulphate of copper applied to the mucous membrane of the nasal fossæ and pharynx, after the secretion had been removed. Many of the superficial distended veins were destroyed by cutting across them, or by pressing against them a crystal of chromic acid. Recourse was soon made, however, to weak solutions of nitrate of silver, and the patient ordered a snuff of quinine and salicylic acid. He did well under the treatment, except that his pharynx was still troublesome. This may have been due to the still continued use of tobacco. All the other symptoms being removed, it was not thought best, under the circumstances, to continue treatment for this, and he was discharged.

CASE VI.—Miss W., aged 22, light complexion, full figure and in good general health. No history of any inherited disease. She had had for some years a constant free discharge from the right nostril, with an offensive odor. There was chronic inflammation of the mucous membrane of the right nasal cavity and a small, deep ulcer from which a sinus led around the scroll of the middle turbinated bone. Denuded bone was discovered by the probe, and an attempt made to detach and remove it, which was only partly successful. A probe covered with cotton saturated with tinct. iodine was passed along the sinus twice in the week, and the parts kept clean by injections of chlorate of potassium in solution. Soon after the sinus closed in, the rest of the affected bone having evidently been discharged. The treatment was now pursued as in the preceeding cases, iodide of iron being given internally and locally, astringent applications of nitrate of silver every third day. During the treatment the patient also used a snuff of bismuth and salicylic acid. She was discharged, to all appearances well.

These notes are added from cases in the author's practice, to fix the point before advocated, namely, that with care, perseverance, and simple treatment, the most obstinate cases of catarrh may be cured.

Correspondence.

PHILADELPHIA, June 5, 1876.

Messrs. Editors:

The Convention of Medical Editors met as previously announced, at the Continental Hotel, June 5, in the evening. There were present about seventeen representatives of Journals. Dr. Bell, of New York, President of the Association called the meeting to order. Dr. F. H. Davis, of Chicago, was Secretary.

The President delivered the annual address. The subject was: "The Relation of Medical Editors to the Medical Profession in the United States." The President remarked that much evil resulted from a misunderstanding of the object and scope of legitimate medicine; and many of the definitions in reference to the healing art were nuisances and should be removed as soon as possible. At the close of the address, Dr. H. C. Wood, Jr., made some pointed and emphatic remarks on reform in the matter of education and graduation in medicine, warmly supporting the course of old Harvard, in requiring a higher standard in literary as well as in scientific attainments; and he thought the colleges that dared to do right should be upheld. Prof. Byford, of Chicago, thought all reform should be practical. Thought we should not aim at the unattainable, but make a steady advance. Reformation should begin with the profession. Several of the colleges were taking the same course as Harvard. Dr. Bell said the University of Virginia had adopted a graded course of study thirty years ago. Dr. Connor, of Detroit, insisted that much had been done for the profession by the schools, by way of increasing facilities for clinical observation, and general improvement of the profession, and they were ready and anxious to do more. Dr. Gill (ST. LOUIS MEDICAL AND SURGICAL JOURNAL) said all reformations were accomplished by continuous and persistent agitation of the subject in which reformation

was necessary. The place to begin reformation was in the National Medical Association, in this Convention of Medical Editors, in the State Societies, and in the preceptor's office. It was an utter absurdity to suppose that men, unaccustomed to mental discipline, and with little or no clinical advantage, could be qualified in three years or less to take charge of serious cases of disease or injury, and treat them with proper knowledge or skill. The young graduate might think so, but after years of experience, he would look back and recognize his former incompetence and want of practical knowledge. Dr. Palmer stated that quite a proportion of physicians in some four Western States, had not attended college or received a medical education. It was also argued that physicians should not send, nor should the schools receive, unfit men. Dr. Parvin said it was agreed on all hands that incompetent men were admitted to the study and to the practice of medicine; and he thought the teaching authority, and the licensing authority, ought to be separate. There is a power in the American Medical Association, if they will use it. State boards were endorsed by others present, but no definite action taken for want of time.

The President concluded his very interesting address as follows:

"In view of this showing and the humiliating advertisement of one of our chief colleges—that the standard of qualification for admission to our ranks is below that which will entitle the holder to recognition abroad—we may well be alarmed at the prospective future of medicine in the United States. This is no time to take part in the conflict of sects for ascendancy in certain universities. It is time for action on the part of the American Medical Association, by which a standard of professional qualification may be fixed, independent of the colleges; a standard to which they—the colleges—shall be required to conform, or else denied the privileges of the Association. The time for appointing committees "to report at the next session," or for longer dependence on the promises of the colleges, is passed. The danger of all such delays is upon us, and the present is the time for action. The vague and indeterminate generalities which have

served no good purpose in the past, are not likely to promise any better results for the future, and if the standard of medical education in the United States is to be raised at all, it must be raised by its highest tribunal, the American Medical Association.

“ But *Medical Editors* have no need to wait for ceremony in this regard. Their liberty and their duty is to expose existing abuses, and if possible render them so odious as to make their reform a necessity. Our medical colleges must be made to feel that their period of unexampled prosperity under existing regulations, shall no longer continue to be a period of peace. And, if I may be permitted, in conclusion, to apply one of the wholesomest axioms of sanitary science to the most important of all subjects, which now concerns the medical profession in the United States—the low standard of professional education—my proposition is, from this time forth until it is reformed, to treat it as an intolerable nuisance. By universal assent, *the fittest time for the removal of a nuisance, is the very earliest day practicable after its existence has been made known.* Whoever opposes the removal of it on that day, will be sure to oppose it, if he dare, on every other day.”

The following, after some modifications, was finally passed unanimously:

Resolved, That we approve of those colleges which require preliminary examinations, and require attendance upon a graded course of three years, with stated examinations.

The election resulted as follows: President, H. C. Wood, Jr.; Vice President, W. H. Byford; Secretary, F. H. Davis.

“ REFORM.”

Proceedings.

KANSAS CITY DISTRICT MEDICAL SOCIETY.

(Reported by Dr. B. F. Record, of Clay County.)

Society met in Knights of Pythias Hall at 10:30 A. M., June 1, 1876, called to order by Vice President Dr. W. W. Dougherty, of Clay County, Mo.

Minutes of previous meeting read by Secretary Dr. E. W. Schaufler, and adopted.

After calling up miscellaneous business, Dr. John Wilson read a paper on "Infantile Diarrhoea."

The essayist remarked: "I will not drop into the groove of neuro-pathology for, in my opinion, legitimate neuro- and humoral pathology are so closely interlocked in their relation to disease that I cannot separate them." He believed that "solar heat stands in a causative relation to these affections, acting through atmospheric disturbances, and in its elementary character as heat, inducing a profound dyscrasia. Neither heat nor atmospheric impurities acting alone are competent to produce these maladies, but must be coupled with some exciting cause. Nor is reflex action from peripheral irritation in the absence of a dyscrasia, sufficient to produce a lasting and troublesome diarrhoea."

He looked upon "the type of the disease as adynamic, the lesion one of nutrition."

His treatment was not to give purges or astringents. Thought "mercury perhaps one of the most valuable of our remedies." He would "attend to the adynamic condition of the patient, and use supporting treatment, and trust to nature for the cure."

Dr. J. M. Allen, of Clay County, differed with the essayist as to etiology, and believed that the germ-hypothesis "affords the only satisfactory explanation of the affections mentioned. It is an observable fact that infantile diarrhoeas do not increase ac-

cording to the nearness of a place to the equator, and therefore according to the intensity of solar heat."

Believed the disease in question an inflammation of mucous membrane—an entero-colitis, generated frequently by the follicular inflammation of dentition, or by irritating ingesta.

Thought much of the phenomena dependent on reflex action. Would use opium with alkalies in the acute, and plumb. acet. with quinine freely, or the acids, in the later stages. Saw in the last five years' experience no indication for the use of mercury.

Dr. McDonald believed with the essayist that solar heat was the principal factor in the generation of these diseases, and defended the essay at considerable length.

Did not believe in reflex action, but thought heat paralyzed the peripheral nerves, and therefore they must be stimulated. Would give remedies that would arouse the dormant energies of the mucous membrane. Had given capsicum, when the child did not know the difference between it and sugar, and his patient still lived. Gave it "until the child began to feel the effect, manifested by scratching at its mouth."

Dr. Hereford objected to Dr. Allen's heroic opium treatment—considered it perilous. Believed the "long continued use of opium produces congestion of the nerve centers." Agreed with the essayist and also with Dr. Allen's general treatment.

Dr. Record's agreed with the essayist as to etiology, pathology and treatment, so far as it goes. Had never used capsicum as recommended by Dr. McDonald, but saw the reasonableness of its application.

Differed with Dr. Hereford as to the action of opium; thought such a theory a myth. Had used it freely and never saw such an effect.

Dr. Chapman said, in his opinion, "the morbid conditions which give rise to cholera infantum, are not to be sought for in any lesion of the nervous system, whether the lesion be functional or nutritive. Virchow, Rindfleisch and others, have established the broad fact, that the nervous elements are constantly passive in falling into pathological states. That disease in nerve tissue is

not primary and original, but secondary and derived from morbid conditions of non-nervous parts. Besides, nerve fibres have never yet been found in the intestinal mucous membrane, that membrane which carries upon itself all the visible and known pathological lesions which characterize a case of pure uncomplicated cholera infantum.

“ It is the glands of Peyer and the villi of the small intestine, which constantly manifest the characteristic lesion, the former being simply elementary lymphatic glands, and the latter participating in the nature of lymphadinous tissue. The absorption and transpiration of the juices of the intestinal tube, now no longer move forward. The epithelial elements are either now thrown off by the refluent force of the chyle, or feebly adhere to the surface of these bodies in a mutilated condition. The fatty matters of the chyle find a more difficult exit—hence the parenchyma of the villi and the epithelial cells are often stuffed with fatty drops.

“ I do not agree with Dr. Lester in calling the fluid stools of cholera infantum a morbid secretion, or any secretion at all. These are not glands of secretion but of absorption and transformation, and this is a transudation, not a secretion.”

Dr. Taylor considered extreme heat and artificial diet the principal causes. The patients were generally children fed by artificial means. Would rest the stomach and bowels. Quiet the patient with opium—reduce the food to the smallest quantity, and change its character. Preferred animal food, such as beef tea, etc.

Dr. Denham did not agree with Dr. Taylor that the majority of cases occurred among artificially nursed children. Regarded them “ much more subject to diarrhoeas than those properly nourished by the mother’s milk. Where such is the source of the trouble, withdrawal of food for a short time, or a change of its character, with the free use of opium to tranquilize the patient, is certainly the wisest procedure.”

Believed with the essayist, that solar heat is the great first cause, inducing, as stated, “ a profound dyscrasia,” which only needs an exciting cause, such as the irritation of “ teething,” to set up the special affections mentioned. Did not believe in the

“germ-hypothesis.” Did not regard Dr. Allen’s objections to the idea of solar influence as valid. Solar heat acts through the environments of the patient as well as directly, and while the surroundings are infinitely varied, so must the result be.

Heartily endorsed the free use of opium, and believed mercury, especially early in the attack, the most valuable of all remedies. Charcoal, bismuth and chalk are valuable adjuvants to opium, and particularly useful in the later stages of the disease.

Dr. Buchanan, of Ray County, was glad the subject had been introduced, for it is the time to meet and treat these affections. Thought there were predisposing causes such as heat, impure air and malaria probably. As exciting causes, over-feeding, indigestible matters, and dentition. Believed in tranquilizing doses of opium as his sheet anchor. Would use calomel in certain cases.

Dr. Lester thought that the heat theory had been “well established ever since children were born into the world.” Dentition was also a powerful factor. Did not believe in opium. “It is injurious from the fact that it locks up the morbid secretions and undigested food.” Used cod liver oil when there was great prostration. Also gave pancreatine; and if he could tide his patient over to cold weather it would get well.

Dr. Taylor read a paper on Orthopaedic Surgery, and presented a case showing very gratifying results.

The essayist urged practitioners to more diligence in this department of surgery. The operations were simple and easily performed, and every practitioner ought to be competent to the task; that cutting was not all, but some times the nervous system was at fault and should receive proper attention. Surgical apparatus should be well selected and properly applied.

Dr. Allen agreed with the author that the operations were simple, and any practitioner ought to be able, ready to perform the same.

Dr. Chapman fully concurred in the remarks of the speaker.

After the discussion, Dr. Hereford read a paper on Puerperal Fever. The author defined the disease to be an affection induced by some poison, generated in the body of the patient, or by some

extraneous poison acting in conjunction with the condition of the patient, dependent on gestation and parturition. The existing cause is not always uniform, nor specific in its nature. Believed that the epidemic diseases of a locality are always likely to influence or modify the puerperal state. That the affection may result in metritis, pari or peri, cellulitis, phlebitis, peritonitis or pyæmnia, all these being phases of a like disease in puerperal women. Did not believe the disease truly specific, but thought the poison of a puerperal patient sufficient when brought in contact with a lying-in woman to infect her, or induce a fever also. That other poisons were equally competent to do the same, as for instance, erysipelas.

Dr. Schaufler would like to enquire if any one knew personally of the induction of puerperal fever by scarlatina poison.

Dr. Todd had not observed such an occurrence, but regarded it as possible.

Dr. Dentram fully concurred in the views of the author of the paper. Had not witnessed the event spoken of by Dr. Schaufler, but believed it in accordance with sound theory and parallel observation of other diseases.

Dr. Buchanan had observed in Colorado a marked relation between erysipelas and puerperal fever.

Dr. Johnson had seen the disease arise in consequence of small-pox.

After closing the discussion, the Society adjourned to meet on the first Thursday in September next.

AMERICAN MEDICAL ASSOCIATION.

On Tuesday, June 6, 1876, Dr. W. K. Bowling, of Tennessee, retiring President, called the Association to order at 11 A. M., and introduced Dr. J. Marion Sims, President elect.

Vice Presidents Dr. S. Lilly, New Jersey, E. D. Seelye, Alabama, N. Pinkney, U. S. N., were at their posts.

The session was opened with prayer by Rev. E. R. Beadle, D. D., of Philadelphia.

Dr. Wm. Pepper, Chairman, on behalf of the Committee of Arrangements, welcomed the delegates and announced the programme for the meetings.

He offered, as members by invitation, Dr. Wywoodzoff, of St. Petersburg, Russia, W. Roth, Surgeon General of the German Army, Assistant Surgeons, H. Heymann, and Max Brille, Surgeon General J. K. Barnes, of the U. S. Army, and D. Saffray, of Paris, France.

WEDNESDAY, June 7th, 1876.

The President called the session to order at $9\frac{1}{2}$ A. M.

The Permanent Secretary called the roll of States, and the names of the members of the Committee on Nominations were reported.

On motion of Dr. Jones, of Ohio, the resolution attached was adopted:

Resolved, That it is the first duty of States and municipalities, first in importance, and first in the order of time, to make a sanitary survey of the water supply, to preserve it against all unnecessary and avoidable contamination. 2. That no municipality should introduce a water system without at the same time providing a corresponding and co-extensive sewer system.

On motion, Drs. W. Hiorth and H. C. Holst, of Norway, were elected members by invitation.

Dr. A. Garelon, of Maine, delivered the address on Surgery. Referred to Committee of Publication.

The report of Dr. E. Seguin was read, and the accompanying resolution adopted, as follows:

Dr. Edward Seguin, in the name of the previous commission, reports:

Since several years, the American Medical Association has given its support to a measure of great interest for those who have at heart the advance of physics, namely: *The establish-*

ment of uniform means of observation, and of medical records, for the physicians of all countries.

This action of the American Medical Association has been expressed by the adoption of successive resolutions, and by the sending of delegates charged with the mission of advocating this reform:—

In 1873, to the British Medical Association, meeting in London; and to the French Association for the Advancement of the Sciences, meeting at Lyons.

In 1874, to the British Medical Association, meeting at Norwich; and to the French Association for the Advancement of the Sciences, meeting at Lille.

In 1875, to the International Medical Congress, meeting at Bruxelles.

In 1876 (next September), the same Congress will meet in this very place; and now the American Medical Association is called to decide what position it will assume in this matter.

Will it recede from its former position, and leave the task to second-hand promoters; or will it continue its initiative before the International Council?

This is not only a question of pride for the Association: it is also one of justice to the American physicians at large. If the constitution and by-laws of this Association prescribe an annual transfer of its meetings from one part to another of this vast country, it is to give us opportunities to study and express the wants of the whole profession. Of these wants, none has been found more deeply felt than the one of partaking, as givers and receivers, in the discoveries of our art. But this want is not ours alone: it is universal: and the American Medical Association will deserve the thanks of all for having planned and carried into execution the most important instrument of internationalization in medical progress.

Therefore, it is hoped that the Association will charge its delegates of former years to continue to advocate the uniformity of means of observation before the various Medical Societies, and particularly at the next International Medical Congress, and report next year what success they will have met.

Resolved, That this Association charges its delegates to advocate the uniformity of means of observation as hitherto, and especially at the International Medical Congress to be held in Philadelphia, September, 1876.

On motion of Dr. Atkinson, Drs. Seguin and Bowditch were made members of the delegation to the Congress for that purpose.

Invitations from the Academy of Natural Sciences and the University of Pennsylvania were read, and thanks returned.

The Secretary read the resignation of Dr. F. G. Smith, from membership on the Committee of Publication, which was referred to the Committee on Nominations.

The report of the committee on a paper entitled *Excision of Joints* was read, as follows:

PHILADELPHIA, May 20th, 1875.

To the American Medical Association:

Your committee, appointed at the last session of the Association, to examine and report upon an essay entitled "Upon Excision of the Larger Joints of the Extremities," bearing the motto, "*Labor omnia vincit*," begs leave to report that it has thoroughly examined the same. The committee finds in the essay carefully prepared statistical tables of three thousand eight hundred and ninety-eight cases of excisions of joints. Anatomical details and special surgical considerations connected with the several joints in question are included in the article, together with a full bibliography.

Upon opening the sealed envelope which accompanied the essay, the name of its author was found to be Dr. H. Culbertson, of Zanesville, Ohio.

Your committee decided that the essay was in every way worthy of the prize offered by the Association.

While venturing to express its own opinion that the article is too bulky for insertion in the transactions of the Association, the committee would recommend that the article be referred to the Publication Committee, and asks for its own discharge.

SAMUEL ASHHURST.

S. D. GROSS.

D. HAYES AGNEW.

On motion of Dr. Sayre, the report was adopted, and the paper referred to the Committee of Publication.

The Committee on Prize Essays reported as follows:

PHILADELPHIA, May 20th, 1876.

To the President of the American Medical Association:

DEAR SIR:—The undersigned, a committee appointed at the last meeting of the Association, to report on prize essays, have the honor to state that only two essays have been handed in, entitled, respectively, "Exploration in Physiology," and "Experimental Therapeutics," and that, in their opinion, neither of them is worthy of the reward.

S. D. GROSS, *Chairman.*

ALFRED STILLE,

ELLERSLIE WALLACE.

HORATIO C. WOOD, Jr.

FRANCIS GURNEY SMITH.

The report was accepted.

On motion of Dr. Thompson, the Committee of Publication were instructed to publish the transactions in several volumes, if necessary.

A communication was read from the American Pharmaceutical Association:—

At a meeting of the American Pharmaceutical Association, held in Boston September 9th, 1875, a committee, whose names are annexed, was appointed to confer with the American Medical Association, and to suggest to that body the advantage which would result from selecting a list of dangerously active medical preparations, noting their maximum doses and the maximum quantity which may be administered safely during twenty-four hours, and which quantity ought not be exceeded in prescriptions, without the addition of some caution mark, previously agreed upon, by the physician. In case a prescription is presented to be compounded with articles ordered in quantities exceeding these maximum doses thus laid down, and without the caution marks annexed, the pharmacist should return the prescription to the physician, in order that the requisite caution mark or marks should be added.

It is believed by us that this observance would often prove of practical value, not alone to the physician and pharmacist, but also to the patient. It is intended by no means to indicate in any way the limit to which the medical attendant may prescribe any remedial agent, however powerful. Yet, as pharmacists, we must confess that very often we would feel greatly relieved if excessive or unusual doses of potent medicines were marked in some definite way by the prescriber, to show that they were thus intended to be administered. For the double purpose, then, of guarding in some degree the safety of the patient, and at the same time relieving the pharmacist from an unpleasant responsibility, we earnestly request the American Medical Association, in any way it may judge most expedient, to submit this subject to the careful consideration and action of their body; for we believe it belongs to the medical profession, rather than to the pharmacist, so to act.

You may be aware that in some European countries a list, as here suggested, is framed by legal enactment, and published by authority, and appended to the *pharmacopœia*, becoming thus obligatory on every pharmacist. We believe the same action might be carried into effect in this country under the authority of the medical and pharmaceutical societies.

W. H. PILE, Philadelphia,
LOUIS DOHME, Baltimore,
CHAS. L. EBERLE, Philadelphia, } *Committee.*

On motion of Dr. Atkinson, it was referred to a committee, consisting of Drs. Stillé, Biddle and Rogers.

On motion of Dr. S. D. Gross, it was—

Resolved, That those medical gentlemen present at this meeting, who were permanent members, but are now excluded from membership simply on account of being in arrears, be reinstated to membership, if full payment be made at once of all dues.

The reports of the Treasurer, showing a balance in the treasury of over \$7,000, and of the Committee of Publication, were read and accepted.

The report of the Librarian, showing continued increase in

the library, and with the following resolutions attached, was received and the resolutions adopted:—

Resolved, That the Librarian be furnished yearly with one hundred copies of the volume of Transactions, for exchange with foreign medical and scientific societies and prominent foreign medical journals.

Resolved, That as complete a set as practicable of the Transactions be furnished to the Inspector General of Customs, Shanghai, China, and to the Académie Royale de Médecine de Belgique; and farther, that, if practicable, vols. 4, 14, 15, 16, 17, 18, 19, 20, 21 and 22 of the Transactions be furnished to the Royal Medical and Chirurgical Society of London.

The bill of the Librarian \$8.55, was ordered paid.

Dr. Barr was made a member by invitation.

An invitation to visit their building was received from the College of Pharmacy, and accepted.

A memoriam of Dr. Logan, of California, was read, and ordered to be entered on the minutes.

Dr. H. T. Reynolds, of Maryland, offered a resolution that five thousand copies of that part of the President's address referring to syphilis be printed for general distribution.

Dr. Quimby, of New Jersey, offered an amendment, which was accepted by Dr. Reynolds, that ten thousand copies be sent to the Secretary of each district or county association, to be distributed among the clergy and other educated members of the community.

Dr. Ohr, of Maryland, offered to amend, that they be sent by the permanent Secretary, to the members of this Association, with the request that they distribute them. After some discussion the amendment was adopted, and the resolution as amended was adopted.

The delegates to Brussels reported as follows:—

Mr. President and Gentlemen of the American Medical Association:

SIRS—At the last meeting of your honorable body, held at Louisville, Ky., May 4th to 7th, inclusive, 1875, the following resolution, offered by Dr. Edward Seguin, of New York, was adopted, viz:—

"Therefore, the American Medical Association resolve to nominate new delegates, commissioned to again advocate in Europe the unity of clinical observation, and charge them to report progress, in brief, at the meeting of 1876."

In accordance therewith, the following gentlemen were commissioned as such delegates, namely:

Drs. H. D. Holton, of Vermont; A. E. M. Purdy, H. B. Sands, John Draper, J. C. Hutchison, E. C. Harwood, of New York; H. R. Storer and L. F. Warner, of Massachusetts; E. T. Easley, of Texas; J. A. Adrain, of Indiana; and John Morris, of Maryland.

Arriving at Brussels, Belgium, the American delegation was found to consist of only two members, Drs. J. A. Adrain, of Indiana, and E. C. Harwood, of New York. They felt great regret at not finding a larger number present.

They were received with distinguished consideration and marked courtesy by the International Medical Congress, there convened, on the 19th day of September; and as soon as their presence was officially announced to that body, they were enthusiastically and unanimously made Honorary Presidents.

Feeling the responsibility which developed upon them, as the only representatives present from the American Medical Association, they at once proceeded to forward the measures which they had been appointed to advocate. They are not at the present time able to present the result of their efforts, owing to the fact that the transactions of the International Medical Congress have not yet reached this country. The serious illness of the Secretary General, Mr. Warlomont, has also delayed that publication several months. They can, therefore, merely report progress. However, from conversations held with various distinguished gentlemen present on the occasion, they feel quite fully warranted in saying that their propositions in your behalf would be very favorably entertained.

Your delegates wish to express the great pleasure and gratification which they experienced in the manner of their reception by the Congress, by the city of Brussels—having been made its guests—and by his Majesty, the King of Belgium, at the royal palace.

They desire also to acknowledge courtesies from Drs. Edward Seguin, of New York; Henry Collignon, of Brussels; and Alexander Ogiston, Surgeon to the Aberdeen Royal Infirmary, Scotland.

They have referred to the fact that, owing to the illness of the Secretary General of the International Congress, the publication of its transactions, *in extenso*, has been delayed several months.

They are happy to say that they were fortunate enough to secure and bring with them an official copy of the minutes of the Congress, published in a small pamphlet in the French language. From this document, through the courtesy of Dr. George W. Wells, of New York City, a translation of the essential points of what transpired has been made and compiled, under the title "Brief Résumé of the Proceedings of the International Medical Congress at Brussels, 1875," etc., a copy of which is herewith submitted as a portion of this report.

To the English reading portion of our profession this résumé will be found of special interest; but the French reading physician is referred to the full "Transactions," which may be obtained from the Secretary General at a cost in gold of about the same as our own Transactions.

All of which is respectfully submitted in behalf of the American Delegation to the International Medical Congress, Brussels.

EDWARD C. HARWOOD, M. D., of New York, *Chairman.*
New York City, June 6, 1876.

The report was accepted and referred to the Committee of Publication.

On motion of Dr. Toner, an obituary of Dr. Armsby was ordered to be read. The Permanent Secretary read a part, when it was referred to the Committee of Publication.

On motion, the Association adjourned until Thursday, at 9 $\frac{1}{2}$ o'clock, A. M.

THURSDAY'S SESSION.

Adjourned to the Alhambra, by reason of want of power to hear in the Horticultural Hall.

On motion of Dr. Keller, the acceptance of the roll of members was reconsidered.

The Secretary then called the roll in part.

At 10 o'clock Dr. Busey delivered the address on *Obstetrics*.

On motion of Dr. J. L. Atlee, it was referred to the Committee of Publication, and to the Section, for discussion.

Dr. Murdoch, of Pennsylvania, moved to dispense with the further call of the roll, and that it be referred to a committee, Dr. Toner Chairman, for examination.

On motion of Dr. Toner, this was laid on the table.

The Secretary continued to call the roll.

Dr. Frothingham objected to all from the State Medical Society of Michigan, and asked that they be referred to the Judicial Council.

The Secretary, at this point, read a partial report of the Judicial Council:—

The Judicial Council have decided that the delegates from the Michigan State Society be admitted as delegates to the American Medical Association.

S. N. BENHAM, *Secretary.*

As the name of Dr. Sarah Hackett Stevenson was called, Dr. Brodie moved that the names of all female delegates be referred to the Judicial Council. This was, on motion, laid on the table.

With the few exceptions of the names of those not now permanent members, and those registering as delegates from hospitals and bodies not entitled to representation, on motion of Dr. Toner, the roll as called was then confirmed.

On motion of Dr. Holton, of Vermont, the Secretary was directed, at future meetings, to print each day the names as enrolled.

Dr. Reese, of New York, offered a resolution on patents, which, on motion of Dr. Jones, of Ohio, was referred to the Judicial Council.

Dr. Hunt, of New Jersey:—

Resolved, That the Judicial Council consider that portion of the President's address which relates to ethics, and report next year if alterations are needed.

Dr. Reese :—

Resolved. That a committee be appointed by the Chair, to consider upon and propose such revision of the Code of Ethics of this Association as they may deem practicable, and report at the meeting of the Association next year.

On motion of Dr. Busey, it was laid on the table.

The address of Dr. E. L. Howard being in order, he was not well enough to respond.

Dr. Keller read the report from the McDowell Memorial Fund.

Total amount of subscriptions received to date, \$494.00

Amount of expenditures, - - - \$40.00

Amount in hands of Treasurer, \$154.00
* * * * *

Resolved. That, until the sum of ten thousand dollars be raised, the annual fee of membership be increased from five to six dollars, and that this increase of one dollar be set aside to create the fund.

On motion of Dr. Toner, the report was accepted.

Dr. Busey objected to the change in the dues.

Dr. Waterman, of Indiana, moved to appoint a committee of seven to take up a collection at once.

On motion of Dr. J. L. Atlee, it was laid on the table.

Dr. Toner moved to appropriate \$1,000 from the treasury.

Dr. Howard rose to a point of order, that such matters could be considered only on the first and fourth days.

On motion of Dr. Raymond, Dr. Toner's resolution was laid on the table till to-morrow.

Dr. Woodward urged that the regular order of business be resumed.

Announcements were made of papers in the Sections.

Dr. Henry A. Martin, of Massachusetts, offered the following:

Resolved, That the subject of bovine or animal vaccination is one demanding serious investigation from this Association, that approval and endorsement may be given to it if considered

worthy; condemnation if it shall be considered as compared with the usual or "arm to arm" method, unworthy of such approval; therefore,

Resolved, That a Committee on Animal Vaccination be formed, to consist of a chairman and two associates to be selected by him, which shall report upon the whole subject of animal vaccination at the next meeting of this Association.

On motion, the President was directed to appoint the committee entire.

Dr. H. W. Jones, of Chicago, Ill., was appointed a delegate to foreign medical societies.

On motion adjourned till Friday, at $9\frac{1}{2}$ A. M.

FRIDAY, June 9th, 1876.

The Association met again at the Hall, the Alhambra being occupied.

A charge, by Dr. E. Richardson, against the Illinois State Medical Society, was presented and referred to the Council.

On motion of Dr. Toner, it was—

Resolved, That members of the medical profession who in any way aid or abet the graduation of medical students in irregular or exclusive systems of medicine, are deemed thereby to violate the spirit of the ethics of the American Medical Association.

Dr. Atkinson presented the following :

To the American Medical Association :

In obedience to the resolution adopted at the session of 1875, (p. 50 of Minutes), I have to report that, in reply to my inquiries, I am informed that Boards of Health now exist in Alabama, California, Georgia, Massachusetts, Michigan, Minnesota, Virginia and Wisconsin, but eight States in all.

The Secretaries of the several State Societies have been applied to for the proper information, and in many instances they have informed your committee that their State body is urging the matter upon their State Legislature.

I have written to the Governors of Delaware, Indiana, Iowa,

Nebraska, New Jersey, New York, South Carolina, Texas and Vermont, with almost negative results. The present year is too full of excitement over the Centennial, the approaching Presidential election, and the like, to yield much fruit in a matter so unselfish as the one in hand.

The boards of all the States named are constantly proving the great importance of such bodies, except that of Virginia, which seems crippled for want of sufficient funds to do what is necessary. With the hope of a better showing in my next report,

I am, very respectfully, Wm. B. ATKINSON.

A note of regret from Dr. P. F. Eve was read and entered.

On motion of Dr. H. C. Wood, of Pennsylvania, it was—

Resolved, That a committee be appointed by the Chair, to solicit from Congress an appropriation for the publication of the subject catalogue of the National Library, and that the State Societies are requested to take such action as may be deemed fit to further said object.

Committee—Drs. H. C. Wood, Toner, and Chadwick.

The Secretary read the following :

WAR DEPARTMENT, OFFICE OF MEDICAL STATISTICS, }
WASHINGTON, D. C., June 5th, 1876. }

J. Marion Sims, M. D., President American Medical Association:

DEAR DOCTOR:—I have the honor to transmit a copy of the Medical Statistics of the Provost Marshal General's Bureau, for presentation to the American Medical Association at its present meeting in Philadelphia. Very truly yours,

J. H. BAXTER, M. D.,

*Chief Medical Purveyor U. S. Army, Permanent Member
American Medical Association.*

It was received with thanks.

Dr. Frothingham offered a communication, which was referred to the Council.

The Nominating Committee reported as follows :

The Committee on Nominations respectfully report the following gentlemen for the various offices named :—

President—H. I. Bowditch, of Massachusetts.

Vice Presidents—N. J. Pittman, of North Carolina; Franklin Staples, of Minnesota; Joseph R. Smith, of U. S. Army; Samuel C. Busey, of District of Columbia.

Treasurer—Dr. Casper Wistar, of Pennsylvania.

Librarian—Dr. William Lee, of District of Columbia.

Committee on Library—Dr. Johnson Eliot, of District of Columbia.

Assistant Secretary—J. H. Hollister, of Illinois.

Committee of Arrangements—Drs. N. S. Davis, I. W. Freer, H. A. Johnson, T. D. Fitch, H. W. Jones, Joseph P. Ross, and Lester Curtis.

Committee of Publication—Dr. W. B. Atkinson, Chairman; Drs. T. M. Drysdale, Albert Fricke, Samuel D. Gross, Casper Wistar, Richard J. Dunglison, all of Pennsylvania, and Wm. Lee, of District of Columbia.

Next Place of Meeting—Chicago, Ills.

Time of Meeting—First Tuesday in June, 1877.

The Committee also report the following nominations for Chairmen and Secretaries of Sections for 1877:

1. *Practice of Medicine, Materia Medica and Physiology*—Dr. P. G. Robinson, of Missouri, Chairman, and B. A. Vaughan, of Mississippi, Secretary.

2. *Obstetrics and Diseases of Women and Children*—Dr. James P. White, of New York, Chairman, and Robert Battley, of Georgia, Secretary.

3. *Surgery and Anatomy*—Dr. D. Hayes Agnew, of Pennsylvania, Chairman, and Dr. Moses Gunn, of Illinois, Secretary.

4. *Medical Jurisprudence, Chemistry and Psychology*—Dr. Eugene Grissom, of North Carolina, Chairman, and Dr. E. A. Hildreth, of West Virginia, Secretary.

Respectfully submitted.

SAMUEL LILLY, *Chairman.*
JOHN H. CALLENDER, *Secretary,* } Committee.
JOHN C. HUPP, *Ass't Secretary,* }

Resolved, That the delegation now appointed to the International Medical Congress be authorized to fill vacancies in their

body, caused either by absence or by those holding duplicate appointments.

On motion of Dr. Brodie, the report was adopted.

Dr. J. L. Atlee moved that \$1,000 be appropriated to the Permanent Secretary, which was adopted.

Reports from Sections were presented and referred to the Committee of Publication.

On motion, the hour of 11 was fixed to hear Dr. E. R. Squibb on the Revision of the Pharmacopœia.

The President appointed as Committee on Bovine Vaccination, Drs. Martin, Foster and S. N. Troth.

The Secretary read the following :

The Secretary of the Judicial Council was directed to report to the Association, that, "In the matter of the charges against the Michigan State Medical Society, the Council is unable, at this time, to come to a decision, because of the large amount of documentary and other evidence: and it withholds any expression of opinion until it shall have been able to give the subject the consideration it merits." N. S. BENHAM, *Secretary.*

On motion of Dr. Bell :—

Resolved, That there be appointed a committee of three persons, members of this Association, in each of those States where there has been no action taken for the establishment of Boards of Health, to urge upon those States the necessity of the establishment of such Boards.

The Section of Medical Jurisprudence reported, and it was referred to the Committee of Publication.

The Surgical Section recommended, by a vote, that Dr. J. W. Thompson, of Kentucky, be appointed a committee to report on the "The Inheritance of Syphilis."

E. T. EASLEY, *Secretary.*

The Secretary presented the report on Necrology, which was referred for publication.

On motion, Dr. S. J. Levis was made a delegate to foreign societies.

The Secretary read the following :

OFFICES OF THE COMMISSIONERS FOR VICTORIA,
FOR THE PHILADELPHIA EXHIBITION OF 1876,
PHILADELPHIA, June 7, 1876.

To the President of the Medical Association of America :

SIR :—I have the honor to request the good offices of the Medical Association of America, under the following circumstances :

I have been asked by the Medical Association of Victoria to make some inquiries into the status of the medical colleges and schools of medicine in this country, and the validity of the degrees conferred by them. The laws of Victoria allow any person to practice medicine who possesses a diploma which shows that he has received such a medical education as would enable him to practice in his own country, and the Medical Society of Victoria, while well aware that in America, as in other countries, the professional status of the alumni of certain colleges is much higher than that of those in others, have no power or desire to cavil at the provisions of the laws.

It is, however, notorious that persons who cannot and have not received any medical education, who in some instances have not been absent from the colony for many months; and who, prior to their departure, had no acquaintance with any branches of medicine or surgery, return to Victoria with what purport to be American degrees or diplomas, upon the strength of which they apply to have their names on the list of legally qualified medical practitioners of Victoria. It is quite clear that these distinctions, which they hold, must have been gained improperly, and without study or examination ; and it is upon this head, and with the hope of being able to prevent such frauds upon the public and the profession, that I have been requested by the Medical Society of Victoria to address you.

I have, therefore, to ask that you will, at your convenience, favor us with a list of the colleges and medical schools in the United States, which have the power of conferring degrees, recognized by the profession in America.

Hoping that the interests and honor of our common pro-

fession will be sufficient apology for my troubling you, I have the honor to be your most obedient servant,

GEORGE COLLINS SAVAGE,
Secretary to Royal Commissioners from Victoria.

On motion of Dr. J. L. Atlee, it was entered on the minutes. He moved, also, that the Judicial Council give the information.

Dr. Compton moved that a committee of three be appointed to reply to it.

Dr. H. C. Wood moved, as a substitute, that this Association deems it not best, at present, to give such sanction to any colleges.

After much discussion, Dr. Lilly moved to amend, that it be referred to the Council, and the Secretary acknowledge its receipt.

The amendment was adopted and the matter was so referred.

Other discussions arising on this subject, on motion of Dr. Toner, all questions relative to this matter were laid on the table.

On motion of Dr. Richardson, of Kentucky, thanks were tendered the Committee of Arrangements for their efforts to provide for the Association.

On motion, Dr. I. P. Davis, of Pennsylvania, offered the following :

Resolved, That the Committee of Arrangements be requested to provide a post office or other means of communication between members attending conventions of this Association, and also a hotel register.

Dr. Pepper moved to amend, that a permanent Committee of Business and Arrangements be created, who shall take into consideration this subject.

Dr. Davis accepted the amendment, and it was adopted. Committee—Dr. N. S. Davis, Illinois, Chairman; Drs. W. Pepper, Pennsylvania; W. Brodie, Michigan; I. P. Davis, Pennsylvania; and J. M. Toner, District of Columbia.

On motion of Dr. J. C. Hupp, West Virginia, it was—

Resolved, That the thanks of this Association be and are hereby tendered to Drs. D. Hayes Agnew, J. Solis Cohen, Louis

A. Dulhing, H. Lennox Hodge, John H. Packard, Wm. H. Pan-coast, Wm. Pepper, and Ellwood Wilson, for marked courtesies and attentions to the members of this Association.

The minutes and papers of the Section on Medical Jurisprudence, etc., were referred to the Committee of Publication.

On motion, the President was requested to appoint a committee to conduct the President elect to his post, which was composed of Drs. J. L. Atlee and Toner.

The President elect, Dr. H. I. Bowditch, of Massachusetts, then assumed the Chair.

The retiring President, Dr. Sims, made a farewell address, to which Dr. Bowditch replied in appropriate terms.

On motion of Dr. Waterman, of Indiana, it was—

Resolved, That the thanks of this Association be given to the retiring President and officers of this Association, for their services to this body during the year past.—*M. and S. Reporter.*

Reviews and Bibliographical Notices.

MICRO-PHOTOGRAPHS IN HISTOLOGY, Normal and Pathological.

By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D. Philadelphia: J. H. Coates & Co., Publishers, 822 Chestnut Street. Price, 60 cents per number, \$6.00 per annum. Vol. I, Nos. 1 and 2, for April and May.

Plate I.—Section of the skin transversely through the hair bulbs (80 diameters).

Plate II.—Epithelioma of lower lip.

Plate III.—Pavement epithelium, from a Triton.

Plate IV.—Endothelium from diaphragm of a Guinea-pig.

Plate V.—Elastic connective tissue (120 diameters).

Plate VI.—Seirrus of mammary gland (180 diameters).

Plate VII.—Non-elastic connective tissue, from omentum of a cat (80 diameters).

Plate VIII.—Connective tissue corpuscles, from cornea of a frog (120 diameters).

This promises most important aid to the study of histology, being intended, as stated in the prospectus, "to replace the microscope, as far as it is possible, for those physicians who have neither opportunity nor leisure to make observations with the instrument for themselves, and also to furnish microscopists, for comparison, correct representations of typical specimens in the domain of normal and pathological histology." Both the normal and pathological specimens given in these numbers, are superior as reproductions, and promise fair to disseminate and utilize the labors of the expert in microscopy, thereby greatly economizing the time of the practitioner.

E.

ON CERTAIN FORMS OF MORBID NERVOUS SENSIBILITY. By J. S. Jewell, M. D. Vol. II, No. 2, of Dr. Seguin's Series of American Clinical Lectures.

This is an interesting and instructive lecture, in keeping with all that Dr. Jewell writes, and well deserving a place in the always entertaining series of Dr. Seguin.

The price of these lectures is thirty cents each, and we have seen none of them not well worth the money to the general practitioner. The whole of the first volume now ready, price \$4.50, would form a valuable addition to any physician's library.

C. H. H.

A TREATISE ON SURGERY: Its Principles and Practice. By T. Holmes, M. A., Cantab., Surgeon to St. George's Hospital. With numerous wood-cuts, mostly by Dr. Westmacott. 8vo., pp. 960. Philadelphia: Henry C. Lea, 1876.

The author introduces his work to his readers by a clear and intelligible statement of the process of inflammation, the pathological description being aided by wood-cuts, illustrating the wandering leucocytes through the parieties of the capillaries with their amœboid movements after emigration. The author is to be

congratulated on his success in making intelligible to learners the present accepted doctrines on this obscure subject.

In the second chapter we have the complications of wounds and injuries, abscess, pyæmia, hectic, erysipelas, gangrene, tetanus, and delirium tremens. The omission of the latter would have escaped notice, where so much more strictly surgical has to be omitted for want of space.

In the third chapter we have poisoned wounds and animal poisons. The fourth is on haemorrhages and collapse. The fifth, on burns, scalds, and lightning strokes. Thus far (137 pages) the studies are rather introductory or preparatory to the dissertations to follow ; and the plan of the author seems natural in order and simple in arrangement.

Chapter VI is on the general pathology of fractures and dislocations. We observe nothing unusual in this chapter, but confess to some disappointment not to find a paragraph under the head of treatment, calling the attention of the student to the importance of making a careful examination of the fractured bone a week or ten days after the fracture occurred, emphasizing this particular time. Of course, the fracture is to be reduced as soon as possible, and with all possible care ; but, owing to bruises and blebs of the soft parts in many cases, no adequate appliance can be made for several days to secure perfect immobility ; hence the danger of some displacement, and the necessity to examine with care, to be sure of coaptation of the fragments *at the time union is about to begin, say, eight or ten days after the injury.* This done, and perfect immobility secured for a few days thereafter, contribute much to the securing of a good result.

In delayed union, or ununited fracture, the same lack of completeness in treatment is also observable. Among the multitude of expedients mentioned, that practised by Brainard and others, in this country, of drilling the ends of the bones and holding them together with a clamp and spike, with a thread cut on the spike to pass through the clamp and screw down on one of the fragments, the opposite one being supported by a splint. Where the fracture is at all oblique, this method is the most simple and

satisfactory of any we have known practised. The spike is a modification of Malgaigne's, but the drilling through both fragments to re-excite inflammation was Brainard's suggestion.* When we consider how important bone surgery is to the surgeon's reputation; that a mishap here is monumental of his error or incapacity; we must realize how important it is to give such general directions as will throw every safe-guard possible about him. One of which our author has failed to mention, is for the surgeon to take with him an intelligent witness on all occasions of dressing, setting, or visiting the case, and finally on removal of the dressings, which, if observed, would prevent a multitude of suits and misunderstandings.

Again, our author, on the subject of shortening in case of oblique fractures of the femur, admits *half an inch* to be common, if not inevitable, which leaves the inference that more than half an inch calls for explanation, no allusion being made to the fact that bilateral symmetry as to length is exceptional, that is, many people are longer on one side than on the other. (*Clinical Notes Pennsylvania Hospital.*) From a large number of measurements of the lower limbs which had never been injured; "the difference being from seven-eighths of an inch to nothing." (*Med. Times*, 1875—*St. Louis Med. and Surg. Journ.*, Feb. 1875.)

From the foregoing it would appear that unless we know exactly the comparative lengths of the limbs prior to the fracture, we cannot speak of half an inch shortening: that it must be an inch or more before we can ascribe it to the treatment; and if half an inch loss of length is a good result, then an inch and three-eighths, or an inch and a half, may be a good result, which might play an important role in a suit for malpractice on account of shortening; hence the importance of these facts being stated in our text-books, to prevent the harmful pulling and stretching to procure exact symmetry when perhaps it never did exist, and cause the parties interested to be satisfied with a result that was inevitable. If our transatlantic brethren would give a little more attention to the current medical literature of "Young America,"

* Prince's Orthopaedic Surgery, page 222.

they might keep nearer abreast with medical and surgical progress.

In the matter of dressing oblique fractures of the femur our author seems to prefer the long splint of Desault, with short thigh splints. In this country he would have to search the attics of our surgeons to find these splints, the apparatus for *suspending and making continuous extension* being almost universally preferred; a method so much more comfortable for the patient should be adopted, if statistics show the average result to be as good.

We would suggest that the time has passed for an author to confine himself to what may be the practice in his own country. The student has not the time to study half a dozen text-books in one department to glean from each what the others have not—we have not observed that English surgery differed particularly from American in other departments than bone surgery. The work contains much of practical value not commonly found in modern text-books on surgery. The chapters on the eye and ear will be highly appreciated by general practitioners who are responsible for service in these departments.

The reputation of the author as editor of “Holmes’ system of surgery” will doubtless secure a large sale of this work, and it certainly is one of the good books on surgery to have, being a faithful exposé of surgery as practised in Great Britain, particularly at St. George’s Hospital. The illustrations are good and the publisher’s part above criticism.

E.

Books and Pamphlets Received.

SEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF MASSACHUSETTS. Boston: Wright & Potter, 1876.

THE MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. Part 2, Vol. 2—Surgical History. First issue. Washington: Government Printing Office, 1876.

LIST OF SKELETONS AND CRANIA in the Section of Comparative Anatomy of the U. S. Army Medical Museum, Washington, D. C. No. 2, *International Exhibition* of 1876, Hospital of U. S. Army—Description of the models of hospital cars. J. J. Woodward, U. S. A. No. 3, Description of models of hospitals. No. 4, Description of the models of steam vessels. No. 5, Description of Perot & Co.'s Improved U. S. A. Medical Wagon and Mess Chest. No. 6, Description of U. S. Medical Transport Car model, by D. L. Huntington, Ass't Surgeon U. S. A., and George A. Otis, Ass't Surgeon U. S. A.

These pamphlets are designed to be guides to the inspection of this department, affording all needed information as to what is on exhibition and where it is to be seen. The numerous wood-cuts, with the lucid description of the text, give one at home a good idea of what is on exhibition. The profession will learn with pleasure that Dr. J. J. Woodward, U. S. A., is responsible for the representation of the Medical Department of the U. S. Army at the International Exhibition in Philadelphia.

Extracts from Current Medical Literature.

On the Employment of Cold.

Dr. N. S. Davis, of Chicago, in the February number of the *American Practitioner*, makes a protest against the too exclusive reliance on the thermometer in fevers and the consequent tendency to the employment of cold as the chief therapeutic agent. His text consists of some extracts from the Toner Lecture of Dr. Horatio C. Wood, delivered in Washington, January, 1875, in which Dr. Wood seems to regard fever and heat as almost synonymous terms. He quotes from Dr. Wood that if the head of an animal is kept for a considerable time at the temperature of 111° F., the functions of the brain are suspended

and the animal dies. If, however, the heat is withdrawn before death actually occurs, the animal is as well as ever the next day.

Dr. Davis claims that it is not so in fever; that in a short time after the cold applications have been withdrawn, the heat rises again. From this it is inferred that fever is something more than increased heat. He says: "We are constrained, therefore, to protest against the doctrine that 'fever and excessive bodily temperature are synonymous,' and still more against the prevalent tendency to make the mere measure of temperature the chief guide, both in diagnosis and in the application of remedies."

We cheerfully acknowledge that cold baths, large doses of quinia, digitalis, etc., technically called anti-pyrexic treatment of fever, is far more successful and safe than the system previously so much in vogue, of stuffing fever patients with egg-nog, whisky or brandy-punch, wine and *waiting* or expectancy. But a still more safe and successful method would consist in a recognition of the fact, that all general fevers result from causes acting on the properties common to all living structures, disturbing or perverting them in such a way as to involve a simultaneous disturbance of innervation, circulation, secretion and calorification.

D. P.

Enlarged Tonsils.

Caustic soda and lime, in equal parts, will remove enlarged tonsils. The preparation is made at the moment of using it, by adding a few drops of absolute alcohol, and mixing thoroughly, and applying it by means of a glass rod.—Dr. Ruppaner—*Canada Journal*.

Editorial.

We have the announcement of the St. Louis Medical College, for the next session, 1876 and 1877, in which we rejoice to see the *three-term system* inaugurated; the graded system of studies extending through three terms, the price of tickets as heretofore, taken for two terms, secures the third, free of charge.

True it is at the option of the student at present, but it is an entering wedge in the right direction, and cannot fail of appreciation by the better men in the profession, and out of it; it turns the tide in the right direction. It is quite time our colleges in the West were something more than "feeders" to eastern schools.

The ostensible plea for economy, low fees and short time of study, being "to bring the medical profession within the grasp of young men of limited means," is a species of medical demagoguery too transparent to win much longer.

We disclaim all interest in medical schools except in so far as their work is to be commended. We care not that men teach for glory or personal aggrandizement, if they do a good and faithful work for the profession and community. It is teaching after a manner to *sacrifice the good of the profession and community for their personal ends*, that we object to, and are bound conscientiously to object to, so long as we share the responsibility of conducting a medical journal.* If this proves us unworthy to "survive as the fittest," we must succumb.

That it is "premature to inaugurate so thorough a mode of teaching in this new country with so many waste places to be supplied with doctors where educated, competent men would not live," is a bald sophism. That to supply a few God-forsaken, sterile spots—if there are such, where a good man can't live, should justify a medical faculty in turning out hundreds of unqualified men, to dishonor the medical diploma, disgrace themselves and the profession, is too monstrous to be entertained for a moment.

The time is short, we trust, before the student will inquire where he can *learn the most*, instead of where he can get a diploma at least expense of money and time, when *qualification* will confer the right to practice instead of the diploma. The next step will doubtless be, examination prior to matriculation.

E.

* *Ed.—A'nt we don't boast how long that may be, if our friends in arrears don't remember us when they have money, and pay up.*

Meteorological Observations.

By A. WISLZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 p. m. The monthly mean of the daily minima and maxima, added and divided by 2, gives a quite reliable mean of the monthly temperature.

THERMOMETER FAHRENHEIT—JUNE, 1876.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	67.5	89.0	18	51.0	70.0
2	66.5	85.0	19	57.0	66.0
3	60.0	75.0	20	55.5	75.5
4	55.0	75.0	21	60.0	87.0
5	55.0	82.5	22	69.5	91.0
6	66.5	90.5	23	75.0	96.0
7	69.0	88.0	24	70.0	92.0
8	68.5	85.0	25	70.0	86.0
9	67.0	90.0	26	70.5	90.0
10	69.5	93.0	27	73.0	93.0
11	70.5	93.0	28	75.0	88.0
12	70.0	82.0	29	71.0	78.0
13	69.5	76.0	30	63.0	71.0
14	67.0	84.5	31	—	—
15	72.5	81.5	—	—	—
16	69.0	83.5	—	Means 65.8	83.3
17	51.5	62.0	—	Monthly Mean 74.5	—

Quantity of rain: 5.17 inches.

Mortality Report.—City of St. Louis.

FROM MAY 28, 1876, TO JULY 1, 1876, INCLUSIVE.

Congestive Chill...	1	Marasmus.....	29	Edema of Lungs...	1	Puerpl Convuls'ns...	3
Measles.....	1	Serofula.....	1	Catarrh of Lungs...	1	Senile Debility.....	7
Scarlatina.....	5	Phthisis Pulmonalis...	51	Abdominal Tumor...	2	Gen. Debility.....	5
Variola.....	6	Hydrocephalus...	11	Stomatitis.....	1	Fall.....	4
Diphtheria.....	2	Tub. Meningitis...	2	Gastritis.....	3	Fracture of Skull...	2
Croup, Membran's.	1	Meningitis...	23	Gastro-Enteritis...	2	Died at Birth.....	1
Whooping Cough...	3	Apoplexy...	6	Enteritis...	11	Suffocation.....	2
Typhus Nervus...	1	Softening of Brain...	1	Peritonitis.....	5	Stab.....	2
Typhoid Fever...	5	Epilepsy.....	1	Benitition.....	6	Gunshot.....	1
Intermittent Fever...	1	Convulsions Infalte...	47	Colic.....	1	Burned.....	2
Pernicious Fever...	1	Cerebritis...	2	Cirrhosis of Liver...	4	Injuries to Leg.....	1
Remittent Fever...	1	Tetanus.....	5	Hepatitis.....	1	Poisoned.....	3
Malaria Fever...	2	Trismus.....	4	Inflamm. of Bowels...	3	Scalds.....	4
Nervous Fever...	2	Congestion of Brain...	10	Iremia.....	2	Injuries by Viol'nce	1
Pyæmia.....	1	Disease of Heart...	2	Pyletitis.....	1	Prem. Birth Viol'ce	2
Diarrhea.....	12	Val. Dis. of Heart...	4	Prostatis...	1	Chloroform.....	1
Dysentery.....	3	Dropsey (General)...	3	Alcess of Liver...	1	Drowned.....	22
Cholera Infantum...	34	Thrombosis.....	1	Ovarian Tumor...	1	Drown'd.....	1
" Morbus....	4	Morbus Coerulin...	1	Metritis (not puer-...	1	Strangulation.....	1
Enterico-Colitis...	4	Disease of Aorta...	1	peral).....	1	Concussion of Brain	1
Cer. Sp. Meningitis...	2	Heart Disease...	5	Alcess of Hip Joint	1	Found in Cellar...	1
Spinal Meningitis...	2	Laryngeal Abscess...	1	Exposure.....	1	Exposure.....	1
Inanition.....	9	Atelectasis (pulmo-...	3	Found in River...	1	Found in River...	1
Delirium Tremens...	1	Laryngitis.....	3	narum).....	2	Suicide.....	3
Cancer of Breast...	2	Bronchitis...	10	Premature Birth...	9	Cause not Known...	2
" Stomach...	4	Pneumonitis...	24	Atresia Ani.....	1	—	—
" Uterus...	4	Pleuritis...	4	Debility.....	11	Total Deaths	597
" Liver...	1	Hydrothorax...	2	Parturition.....	1	Still Births.....	33
Cancer.....	2	Gangrene and Ab-	1	Hemor. Puerperal...	1	—	—
Anæmia.....	3	cess of Lungs...	1	Suppress'n Mensm...	1	Under five years...	358
		Hæmoptisis.....	1	Abortion (acc.)...	1	—	—

JAS. O'GALLAGHER, M. D., Clerk Board of Health.

COMPRESSED PILLS.

Manufactured by JOHN WYETH & BRO., Chemists.
No. 1412 WALNUT STREET, PHILADELPHIA.

These "Compressed Pills," made by dry compression, are free from the coatings that render many other pills objectionable. They are readily soluble or diffusible, and being flat in shape, are more easily swallowed than those in any other form. Owing to the absence of the excipients ordinarily employed in making pills, they are smaller than those made by any other process. They are smooth, glossy, and elegant in appearance, and are made only of the purest materials. Leading physicians have found these Compressed Pills to be reliable and quick in their action. The Pills can be sent by mail to druggists and physicians at an expense of 16c. per pound, or 1c. per ounce, for postage.

	Grains.	Grains.
ACID ARCENICI.....	1-20	1-50
ACID, TANNIC.....	2	5
ALOES (U. S. P.) {	Pulv. Aloes Soc. ...	2
	Pulv. Saponis.	2
	Pulv. Aloes Soc. ...	½
ALOES et FERRI {	Pulv. Zingib. Jam. ...	1
	Fer. Sulph. Exsic. ...	1
	Ext. Conil.	½
ALOES et {	Pulv. Aloes Soc. ...	2
MYRRH, (U. S. P.) {	Pulv. Myrrhae.	1
	Croci Stigmata.	½
AMMONIA BROMID.	5	10
AMMONIA MURIAT.	3	5
ANTI-BILIOUS {	Ext. Coloc. Co.	2½
	(Vegetable) Podophyllin	½
ANTI-DYSPEPTIC. {	Pulv. Ipecac.	1-10
	Mass Hydrgar.	2
	Ext. Coloc. Co.	2
	Ext. Nucis Vom.	½
APERIENT. {	Ext. Coloc. Co.	2
	Pulv. Rhei.	½
BISMUTH SUB-NIT.	5	10
BISM. SUB-NIT. {	Bismuth Sub-Nit.	2½
	et PEPSIN. {	Pepsin.
CALOMEL.	1	2
CATHART. COMP. (U. S. P.)	3	5
CATHART. IMPROVED. {	Ext. Coloc. Simp.	½
	Podophyllin.	½
CATHARTIC (Vegetable). {	Pulv. Res. Scam.	½
	Pulv. Aloes Soc.	½
	Pulv. Cardamomi.	½
	Pulv. Saponis.	½
CERII OXALAT. {	Aloes.	1
	Calomel.	½
COOK'S. {	Rhei.	1
	Sapo.	½
COLYCINTH. COMP. (U. S. P.)		
DOVER'S POWDER, Ipecac and Opii.	2	3
FERRI MET. (Quevenne's).	1	
FERRI CARB. PROTO.	3	5
FERRI CARB. {	Ferr. Carb. (Vallet) 2	
QUINILE et {	Quiniae Sulph.	1
STRYCHNLE. {	Strychnie.	1-60
FERRI LACTAT.	1	
FERRI PYROPHOSPH.	3	
FERRI et QUINILE CITRAT.	2	3
FERRI et {	Ferr. Met.	½
QUINILE SULPH {	Quiniae Sulph.	½
	et BISMUTH {	Bismuth Sub-Nit.
	et PEPSIN. {	Pepsin Porci.
FERRI et {	Ferr. Met.	½
QUINILE SULPH {	Quiniae Sulph.	½
	et BISMUTH et {	Bismuth Sub-Nit.
	et PEPSIN et {	Pepsin Porci.
	STRYCHNLE. {	Strychnie.
HOOPER'S.		
HYDRARG. (U. S. P.)	1	2
HYDROFORM.	3	5
IDOFORM.	1	
IDOFORM et {	Iodoform.	1
	FERRI. {	Ferr. Carb. (Vallet) 2
LADY {	Pulv. Aloes Soc.	
WEBSTER'S (3 grs.) {	Gum. Mastich.	
	Flor. Rose.	
LEPTANDRIN. {	Leptandrin.	½ ad 1
	(c. Sacch. Lactis 2 grs.)	

Dispensed by Druggists generally and for sale by Richardson & Co., Meyer Brothers, and Mellier.

HARVARD UNIVERSITY.

MEDICAL DEPARTMENT, BOSTON, MASS.

NINETY-THIRD ANNUAL ANNOUNCEMENT—1876-77

FACULTY OF MEDICINE.

CHARLES W. ELIOT, LL. D., <i>President,</i> CALVIN ELLIS, M. D., <i>Professor of Clinical</i> <i>Medicine, Dean.</i>	ROBERT T. EDES, M. D., <i>Professor of Ma-</i> <i>teria Medica.</i>
JOHN B. S. JACKSON, M. D., <i>Professor of</i> <i>Pathological Anatomy.</i>	HENRY P. BOWDITCH, M. D., <i>Assistant</i> <i>Professor in Physiology.</i>
OLIVER W. HOLMES, M. D., <i>Professor of</i> <i>Anatomy.</i>	CHARLES B. PORTER, M. D., <i>Demonstra-</i> <i>tor of Anatomy, and Instructor in Surgery.</i>
HENRY J. BIGELOW, M. D., <i>Professor of</i> <i>Surgery.</i>	FREDERICK L. KNIGHT, M. D., <i>Instruc-</i> <i>tor in Percussion, Auscultation and Laryn-</i> <i>goscopy.</i>
JOHN E. TYLER, M. D., <i>Professor of Men-</i> <i>tal Diseases.</i>	J. COLLINS WARREN, M. D., <i>Instructor in</i> <i>Surgery.</i>
CHARLES E. BUCKINGHAM, M. D., <i>Pro-</i> <i>fessor of Obstetrics and Medical Jurispru-</i> <i>dence.</i>	REGINALD H. FITZ, M. D., <i>Assistant Pro-</i> <i>fessor of Pathological Anatomy.</i>
FRANCIS MINOT, M. D., <i>Hersey Professor</i> <i>of the Theory and Practice of Medicine.</i>	WILLIAM L. RICHARDSON, M. D., <i>In-</i> <i>structor in Clinical Obstetrics.</i>
JOHN P. REYNOLDS, M. D., <i>Instructor in</i> <i>Obstetrics.</i>	THOMAS DWIGHT, JR., M. D., <i>Instructor</i> <i>in Histology.</i>
HENRY W. WILLIAMS, M. D., <i>Professor</i> <i>of Ophthalmology.</i>	EDWARD S. WOOD, M. D., <i>Assistant Pro-</i> <i>fessor in Chemistry.</i>
DAVID W. CHEEVER, M. D., <i>Professor of</i> <i>Clinical Surgery.</i>	HENRY H. A. BEACH, M. D., <i>Assistant</i> <i>Demonstrator of Anatomy.</i>
JAMES C. WHITE, M. D., <i>Professor of Der-</i> <i>matology.</i>	WILLIAM B. HILLS, M. D., <i>Instructor in</i> <i>Chemistry.</i>

OTHER INSTRUCTORS.

GEORGE H. F. MARKOE, *Instructor in Materia Medica.*
FRANK W. DRAPER, M. D., *Lecturer on Hygiene.*

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTIONS:

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JAMES R. CHADWICK, M. D., and WILLIAM H. BAKER, M. D., *in Diseases of Women.*
CHARLES P. PUTNAM, M. D., and JOSEPH P. OLIVER, M. D., *in Diseases of Children.*
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The plan of study was radically changed in 1871.* Instruction is given by lectures, recitations, clinical teaching, and practical exercises, distributed throughout the academic year. This year begins September 28, 1876, and ends on the last Wednesday in June, 1877. It is divided into two equal terms, either of which is more than equivalent to the "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of written examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during the period of his study.

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For the First Year.—Anatomy, Physiology, and General Chemistry.

For the Second Year.—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery, and Clinical Surgery.

*On and after September 1877, an examination on entrance will be required. For particulars see Catalogue.

For the Third Year.—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology, and General Chemistry.

End of second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

End of third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Examinations are also held before the opening of the School, beginning September 25th.

Students who do not intend to offer themselves for a degree will also be received at any part of the course for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine additional facilities for pursuing clinical, laboratory, and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches: Histology; Physiology; Medical Chemistry; Pathological Anatomy; Surgery; Auscultation, Percussion, and Laryngoscopy; Ophthalmology; Dermatology; Syphilis; Psychological Medicine; Otology; Electro-therapeutics; Gynecology; and Obstetrics. Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of the laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M. D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5. For the Year, \$200. For one term alone, \$120. For Graduation, \$30. For Graduates' Course, the fee for one year is \$200. For one Term, \$120. For single courses, such fees as are specified in the Catalogue. Payment in advance.

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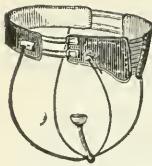
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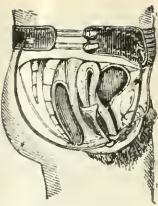
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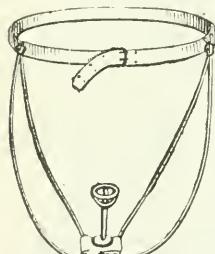
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SESSION OF 1875-6.

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The REGULAR TERM will open March 1st, 1876, and close the last week in June following.

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410 East Twenty-Sixth St., opposite Bellevue Hospital, New York City.

THIRTY-SIXTH SESSION—1876-77.

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ALFRED C. POST, M. D., LL. D., Emeritus Professor of Clinical Surgery; President of the Faculty.	JOHN T. DARBY, M. D., Professor of Surgery.
CHARLES A. BUDD, M. D., Professor of Obstetrics.	CHARLES INSLEE PARDEE, M. D., Prof. of Diseases of the Ear; Dean of the Faculty.
JOHN C. DRAPER, M. D., LL. D., Professor of Chemistry.	ERSKINE MASON, M. D., Professor of Clinical Surgery.
ALFRED L. LOOMIS, M. D., Professor of Pathology and Practice of Medicine.	WALTER R. GILLETTE, M. D., Adjunct Professor of Obstetrics.
WILLIAM DARLING, A. M., M. D., F. R. C. S., Professor of Anatomy.	

Post-Graduate Faculty.

D. B. ST. JOHN ROOSA, M. D. Professor of Ophthalmology and Otology.	MONTROSE A. PALLETT, M. D., Professor of Gynaecology.
WM. A. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System.	FANEUIL D. WEISSE, M. D., Professor of Surgical Anatomy.
STEPHEN SMITH, M. D., Professor of Orthopaedic Surgery and Surgical Jurisprudence.	HENRY G. PIFFARD, M. D., Professor of Dermatology.

THE PRELIMINARY WINTER SESSION commences September 13, 1876, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months—commencing on September 27th and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital clinics. It is opposite the gate of the Bellevue Hospital, on Twenty-Sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-Door Medical Charity, and the Hospital Post-mortem Rooms, are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals.

Besides the Hospital clinics, there are eight clinics each week in the College building.

The Faculty desire to call attention particularly to the opportunities for dissection. *Subjects are abundant and are furnished free of charge*, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

THE POST-GRADUATE COURSE will begin September 27, 1876, and continue during the Regular Winter Session.

FEES FOR THE WINTER COURSE.

For course of Lectures.....	\$140 00
Matriculation.....	5 00
Demonstrator's fee, (including material for dissection).....	10 00
Graduation Fee.....	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter tickets.

For the purpose of assisting meritorious individuals, the Faculty will receive a few *beneficiaries*, each of whom will be required to pay \$43 per annum and the Matriculation Fee.

For further particulars and circulars, address the Dean.

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The next annual course of instruction in this Department (now in the forty-third year of its existence) will commence on Monday, the 13th day of November, 1876, and terminate on Saturday, March 14th, 1877. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 20th of October, without any charge to students.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

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The Act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital as a school of practical instruction.

The Charity Hospital contains nearly 700 beds, and received during the last year, nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical, and Obstetrical Wards are visited by the respective Professors in charge daily, from eight to ten o'clock A. M., at which time all the students are expected to attend, and familiarize themselves *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the hospital on Clinical Medicine by Professors Bemiss and Joseph Jones; Surgery by Professors Richardson and Logan; Diseases of Women and Children by Professor Lewis; Special Pathological Anatomy by Professor Chaillé, will be delivered in the amphitheater on Monday, Wednesday, Thursday and Saturday from 10 to 12 o'clock A. M.

The Administrators of the Hospital elect, annually, *twelve resident students*, who are maintained by the Institution.

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For the Tickets of all the Professors,.....	\$140.00
For the Ticket of Practical Anatomy.....	10.00
Matriculation Fee,.....	5.00
Graduating Fee,.....	30.00

Graduates of other recognized schools may attend all the Lectures upon payment of the Matriculation fee; but they will not be admitted as candidates for the Diploma of the University except upon the terms required of second course students. All fees are payable in advance.

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One Hundred and Eleventh Annual Session, 1876-77.

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WILLIAM GOODELL, M.D., *Clinical Professor of Diseases of Women and Children.*

JAMES TYSON, M.D., *Professor of General Pathology and Morbid Anatomy.*

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Clinical instruction is given at the University Hospital by the above named Clinical Professors, and also on Diseases of the Eye, Prof. Norris; Diseases of the Ear, Prof. Strawbridge; Nervous Diseases, Prof. H. C. Wood, Jr.; Skin Diseases, Prof. L. A. Duhring; Morbid Anatomy and Histology, Prof. J. Tyson.

The Philadelphia Hospital also is contiguous to the University, and its clinical lectures are free to all medical students. Students may be examined on the elementary branches at the end of the second course, and, if approved, may devote themselves during their third course to the applied branches only.

The recent addition by the Board of Trustees of several new Professors to the Faculty, will impose on the student no increase of expense, or duration of study, or other examinations for the Degree than have hitherto been required.

During the Spring and Summer, Lectures on Zoology and Comparative Anatomy, Botany, Hygiene, Medical Jurisprudence and Toxicology, and Geology, are delivered by Profs. Allen, Wood, Hartshorne, Reese and Howell, of the Auxiliary Faculty, and are free to matriculants of the Medical Department.

The Lectures of 1876-77 will commence on Monday, October 2d, and end on the last day of February ensuing.

FEES.—For one full course, \$110; or, for each professor's ticket separately, \$20. Matriculation Fee (paid once only), \$5. These fees are payable in advance. Graduation Fee, \$30.

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The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

PROF. PARKER, of N. Y., says: "I have tried almost every other manufacturer's Oil, and give yours the preference."

PROF. HAYS, State Assayer of Massachusetts, after a full analysis of it, says: "It is best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous unkindness of the iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya Bark and Iron," which are simply **Elixir of Quinine and Iron**. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessert-spoonful contains seven and a half grains of Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia. This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth. containing eight grains Ammonia-citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinine and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixty-fourth of a grain of Strychnia.

Ferro-Phosphorated Elixir of Gentian. containing one ounce of Gentian, and one hundred and twenty-eight grains Pyrophosphate of Iron to the pint, making in each dessert-spoonful seven and one-half grains Gentian to two grains Pyrophosphate Iron.

Elixir Valerianate of Ammonia. Each teaspoonful contains two grains Valerianate Ammonia.

Elixir Valerianate of Ammonia and Quinine. Each teaspoonful contains two grains Valerianate Ammonia and one grain of Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

Elixir Taraxacum Comp. Each dessert-spoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth, and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

Indo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

Cod-Liver Oil, with Iodine, Phosphorus, and Bromine. This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each table-spoonful.

Cod-Liver Oil, with Lacto-Phosphate of Lime.

CASWELL, HAZARD & CO.,
Druggists and Chemists, New York.

CINCHO-QUININE.

Cincho-Quinine holds ALL the important constituents of *Peruvian Bark* in their alkaloidal condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has equal tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us, as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ABRAHAM, D. Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphates of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FAHEY, M. D., Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., Madison, Ala.

We can now supply SUGAR-COATED CINCHO-QUININE PILLS of three sizes, namely, 1 grain, 2 grains, and 3 grains, in such quantities as are wanted. They are placed in vials holding 100 each. The price is about one-half that of Quinine Pills. Dose the same.

BILLINGS, CLAPP & CO.

Successors to JAMES R. NICHOLS & CO.

Manufacturing Chemists,
BOSTON, MASS.

Manufacturers of Acids, Chloroform, Ethers, Preparations of Gold, Silver, Tin, Zinc, Lead, Iron, Bismuth, and all Fine Chemicals used in Medicine or the Arts.



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D., Wapping Falls, New York.

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., Indianapolis, Ind.

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. G. ROSS, M. D., Lincoln, Ill.

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutler of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, Coldwater, Mich.

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon animal food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

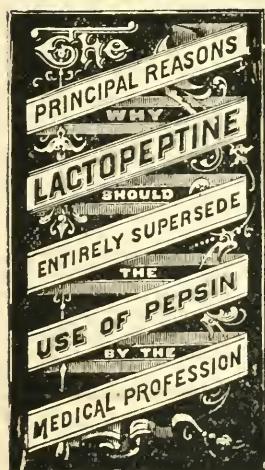
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	1 <i>Eq. Pepsin or Diastase,</i>	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 <i>1/2 fl. Drachms,</i>
Pancreatin,	3 "	Hydrochloric Acid,	2 <i>1/2 fl.</i>
Powder and Mix.			"



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—oo—
The undersigned, having tested REED & CARNICK's preparation of Pepsin, Pancreatin, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Belevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Belevue Hospital.

—oo—
INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—oo—
BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children
Vermont Med. College.

—oo—

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,

BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy. H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE Co., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years. JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO Co., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB Co., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of *Lactopeptine* dissolved in four fluid drachms of water will emulsionize sixteen ounces of *Cod Liver Oil*.

CHILLICOTHE, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—
INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting sterco-racious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than a *iy* other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of *Lactopeptine* will transform four ounces of *Starch* into *Glucose*.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatin, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatic emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troches.

LACTOPEPTINE is also combined with the following preparations:

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

—oo—

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—oo—

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARNICK manufacture a full line of Fluid Extracts.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—

FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

Rx	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	aa dr. iii.
	Tinct. Zingiber,	dr. i.
	Hydrochloric Acid Dilut.,	dr. ii.
	Spts. Lavender Comp.,	grs. xl.
	Sulphate Quinia,	

M. Dose.—One teaspoonful every two or three hours.

SIG.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iii.
	Spts. Lavender Comp.,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gauitheria,	gts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	aa dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required*; also, use in addition after the meals full doses of Pnly. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.*

NO. 4.—FOR CHRONIC DIARRHEA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opii. Comp. (Squibb's),	dr. iii.
	Nitrie Acid Dilute; or, Aqua Regia Dilnt.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhea is apparently checked at that hour, and *this rule, should be persisted in for two or three days, or until the diarrhoeal tendency has been entirely subdued.*

—oo—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

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COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia, 1 dr.	
Senna, 2 "	
Seammony, 6 grs.	
Liquorice, 1 dr.	
Ginger, 3 grs.	
Coriander, 5 "	

With flavoring ingredients.

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

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I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

Strychnia Compound Pill.

Strychnia, - - -	1-100	grain.
Phosphorus, - - -	1-100	"
Ex. Cannabis Indica,	1-16	"
Ginseng, - - -	1	"
Carb. Iron, - - -	1	"

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood, - - - - 2 grains.
 Quinine Sulph., - - 1 grain.
 Sesqui Oxide Iron, - - 1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—oo—
HÆMA PILJS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Paunum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

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Tuition is by the following methods: I. Didactic Lectures with Demonstrations. During the Winter Session, from five to six lectures are given daily by the Faculty on the seven general branches of medical science. Attendance obligatory. Fees, \$20 for the course on each branch, or \$140 for the entire curriculum. During the Spring Session, two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, \$5, or \$30 for the whole. II. Clinical Teaching. This important subject receives the fullest attention. Ten clinics, covering all departments of Medicine and Surgery, are held weekly throughout the entire year, in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries, (such as the Bellevue, Charity and Roosevelt Hospitals, the New York Eye and Ear Infirmary, &c.,) give daily systematic clinical lectures in one or more of these institutions, as a regular feature of the College curriculum. Attendance at clinics is optional, and without extra charge. III. RECITATIONS are held daily, throughout both sessions, by a corps of Examiners. Attendance optional. Fees, Winter Session, \$10. Spring Session, \$30. Collegiate Year, \$60. IV. PERSONAL INSTRUCTION—*Practical Anatomy* is taught from October to May, and every student is expected to dissect. Fee, \$10, good for Collegiate Year. Cases of Obstetrics are furnished to advanced students, without charge. Practical Chemistry is taught in the Spring. Fee, \$15. Personal Instruction in *Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Oatology and Laryngoscopy* is also given by Special Instructors, for moderate fees. Attendance optional.

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